JULY 3 1999

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

Allen adds to calls for RPSGB transparency

Proposed referral form could cut antibiotic misuse

NDC: data with an English accent

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* Source: Independent Pharmacy Audit

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CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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REGULARS

COMMENT

What, no more common, everyday generics moving into category D this week? Does this mean that the current shortage of generics is over? And are the prices of those that remain 'readily available' in category A going to stop yo-yoing up and down? Dream on! Pharmacists who haven't paid much attention to part viii of the Drug Tariff could have lost a penny or two in recent weeks, despite the efforts of the SPGC and PSNC to get the Pricing Authorities to recognise the shortages as soon as possible. At least this allows contractors to endorse the manufacturer/supplier and be reimbursed at cost, but to describe the process as "streamlined" is wide of the mark. The problems for chains and those who make regular use of locums in communicating which supplier they are using, which scripts need category D endorsement and which don't, doesn't bear thinking about. The Drug Tariff has never been user-friendly, and in these days of e-commerce it is a lumbering dinosaur - it wouldn't be so bad if there was an indication that modern technology and new thinking was being applied to the pricing process. Pharmacists are asked to estimate the amount of VAT they want to reclaim; people are trusted to fill out their tax returns. Both are subject to checks for accuracy. Why can't contractors simply supply invoices for ethicals purchased each month, to be reimbursed at cost as the 'contract' requires. Farewell to the discount clawback, prescription endorsement, teams of pricing clerks laboriously pricing each individual prescription and 550 pages of Drug Tariff thudding through the letter box each month. A drastically slimmed down Tariff, updated daily and accessible on-line, could list maximum allowable generics prices. There is a lot of talk about electronic prescription pricing. Surely the question ought to be whether it is necessary in the first place. Some serious thinking about the drug pricing and reimbursement system is long overdue.

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PPM ABC BUSINESS PRESS

ABPI on Crown: patients' interests are first priority

If pharmacists - who operate in a fiercely competitive environment - are allowed to prescribe the medicines they dispense, the puhlic and the NHS will need to be completely satisfied that they are not influenced by considerations other than the patient's clinical needs, says the Association of the British Pharmaceutical Industry in its comments on the Crown Review's final report. All prescribers should have appropriate facilities and should be paid for their time and costs.

Patients' interests are the first priority of any moves to enable health professionals other than doctors to prescrihe, says the ABPI. Patients must have total confidence over safety, privacy and the fact that they are receiving the most appropriate medicine for their treatment. Provided these key areas are safeguarded, and probity, training and proper cost analysis are considered, then the ABPI supports in principle the Crown proposals to extend prescribing rights.

Trevor Jones, the ABPI's director-general, commented: "It is absolutely vital that nothing in the proposals should change the original intention to treat the patient with the therapy decided on by the doctor in consultation with the patient, and with a full knowledge of the patient's history."

While the proposals could mean potential savings for the NHS, if introduced without careful evaluation, they could create hazards and raise costs. Patient safety could be compromised by lack of access to medical records or awareness of self-administered therapies, and the ABPI believes that the adverse drug reaction reporting system must not be lost or weakened.

The ABPI is also concerned there should be publicly accountable ways of ensuring that prescribing decisions are not influenced by commercial advantage and that all new prescribers should have training, with regular review.All prescribers will need access to certain equipment and to provide appropriate clinical environments and suitahle counselling areas; they will need to be paid for their time and costs, including insurance."All this may lead to an added financial burden for the NHS in the short term."

Until there is a comprehensive system of access to patients' records, the ABPI thinks good practice will be more likely in discrete areas of patient care, such as asthma clinics where health professionals already work closely together, rather than where independent practitioners are based at different sites.

Allen stands on his dignity, but pledges greater clarity

David Allen has joined the growing number of Royal Pharmaceutical Society Council members pledging greater transparency at Lambeth following last month's presidential election.

"I intend during my next three years in office to ensure that the workings of Lambeth will be more transparent than ever before, and that this sort of skulduggery never happens again," he said in his first public statement on the issue at the Avicenna Pharmacists' dinner last Saturday in London.

However, Mr Allen refrained from outright criticism."I am sure that some of you will wish to hear the reasons for the change in leadership at Lambeth considering both Hemant Patel and I attempted to heal the rifts in Council during our brief tenure in office. I am afraid I am going to disappoint you as I intend to maintain my dignity," he said.

Mr Allen was Society vice-president last year and might have expected to succeed Hemant Patel as president before the surprise outcome of last month's election.

He has been a Council member for 15 years, and missed out on the presidency once before in less controversial circumstances.

Mr Allen owned a community pharmacy in East London for over 20 years, which he has just sold to concentrate on developing a wholesale business.

He is also an executive member of the Commonwealth Pharmaceutical Association, and took the opportunity at the dinner to call for support from UK pharmacists for schemes such as Pharmaid.

Of all the CPA's achievements, this initiative, which ships outdated editions of the *BNF* to CPA affiliates in developing countries, has probably had the most impact on the greatest number of people, he said.

"I have been asked to look at long-term funding responsihilities for the CPA, and I am asking for your support in the future," he said."The CPA needs a secure base of future funding to ensure that it is ahle to achieve much more than it can presently with the limited funds available. You will be asked to donate to the CPA on a regular basis."

Avicenna's chairman, Hussein Esmail, said it was an exciting time for the group. Since June 21 it has been a plc, and a share prospectus will be issued by the end of the month (*C&D* June 26, p36).

An eight-city recruitment roadshow which sets off this week will be complete by July 22.

The group plans to hold another series of training courses for pharmacy staff in the autumn, covering category management and window dressing.

RPSGB Council member David Allen was presented with not one, but two cheques by chairman Hussein Esmail at the Avicenna Pharmacists' dinner. A raffle on the night raised £1,150 for the Society's Benevolent Fund, and following Mr Allen's call for support for the CPA, Avicenna directors made a donation of £500

Consumers 'should have say in professions' rules'

All professional self-regulatory bodies should have substantial lay and consumer involvement in all their activities, the National Consumer Council is recommending.

In a report published last week, the NCC says there should be greater consistency and coherence between different professional self-regulatory schemes; they should have similar functions, sanctions and disciplinary and complaints procedures.The health secretary should have the power to ensure that regulatory schemes as a whole adequately protect consumers.

Launching the report, 'Self-regulation of professionals in healthcare', NCC director Anna Bradley said: "The current self-regulatory system is an inadequate mishmash of different rules and arrangements for different professions." Some schemes were open to exploitation hy "quacks, cowboys and incompetent practitioners". Doctors who had been disqualified from the NHS could still practise in the private sector or as NHS locums.

"Emerging professions, such as those offering complementary and alternative therapies, have widely differing training standards," she continued. "While some professions require three or four years' study, others require no more than a two-weekend course."

Calling for a more cohesive approach to regulation, she said: "In the longer term we should explore the potential of a one-stop shop for consumer complaints, along the lines of the Financial Services Agency."

An explanation of the Royal Pharmaceutical Society's disciplinary procedures points out that in 1998 the Society proposed revisions to its disciplinary procedures to include eight pharmacists and four lay members appointed with the 'consent' of the Privy Council.

Roger Odd of the RPSGB commented that the Society has a "creditable and workable" regulatory structure, already very much in line with what the NCC's report is proposing, and with what is being put forward in the new Health Bill.

RPSGB appoints concordance researchers

The Royal Pharmaceutical Society has appointed two research fellows to take forward the 'compliance to concordance' programme.

On July 1, Dr Kristin Pollock and Janet Grime, from Keele University's Department of Medicines Management, started the three-year programme on patient and professional models of depression and its treatment. This will look at ways in which patients, doctors and community pharmacists "understand, assess and respond to depressive illness and its treatment".

A Department of Health grant of £250,000 will fund the programme which will be carried out in collaboration with the Depression Alliance.

First ombudsman report on pharmacy issued

Following an investigation into a dispensing error, health service ombudsman Michael Buckley has criticised the pharmacist involved.

This is the first time a complaint against a community pharmacist has been investigated by the ombudsman since pharmacists were included under the new national procedures for handling complaints in the NHS, introduced on April 1, 1996. Mr Buckley has highlighted the case in his annual report published last month. In it he recounts the case where the pharmacist dispensed the wrong drug, diazepam instead of thyroxine, but would not then tell the patient, or her GP, what had been dispensed.

Mr Buckley said that the error was compounded in that the company failed to ensure that it acted in accordance with the Royal Pharmaceutical Society's Code of Ethics. The company's actions in this case appear to have been governed more by its fear of litigation than overriding ethical considerations. He added that the pharmacist had a professional obligation to say which drugs he had dispensed.

HAZs' activities and funding

Pharmacists are getting involved in Health Action Zones' smoking cessation services around the country.

In Walsall, 14 pharmacies are joining an existing scheme which has achieved a 25 per cent quit rate at six month follow up. Lambeth pharmacists are being trained to offer advice and support to potential quitters.

- First and second wave Health Action Zones have been invited to apply for funding from the HAZ Innovations fund and through HAZ Fellowships.

There is £4m available in the Innovations fund and £0.5m for Fellowships. Innovations proposals should be about early interventions and take creative approaches to improving primary care access. HAZ fellowships provide the opportunity for staff to be seconded for six months to take forward a project or research relating to their HAZ programme.

Script costs rise 10 per cent a year

The net ingredient cost of prescriptions has increased on average by 9.7 per cent each year since 1988, to £4.701 billion in 1998.

Between 1997 and 1998 the NIC rose by 7.6 per cent (or 5 per cent in real terms) and the number of prescription items dispensed rose 2.6 per cent from 500m to 513m. Free prescription items increased from 388m in 1997 to 399m in 1998 and accounted for 85 per cent of all items.

The proportion of prescriptions written generically increased to 63 per cent (60 per cent in 1997) and the proportion dispensed generically increased from 47 per cent to 48 per cent. Prescriptions for drugs for infections were most likely to be written generically (86 per cent) and the NIC for this category decreased 3 per cent to £217m. The NIC for drugs in the gastro-intestinal chapter also decreased, by 2 per cent to £600m. However, the NIC for drugs showed increases in other areas - cardiovascular drugs up 14 per cent to £940m, drugs acting on the central nervous system by 15 per cent to £717m and respiratory drugs up 7 per cent to £558m.

- Data taken from the Department of Health *Statistical Bulletin*, 'Statistics of prescriptions dispensed in the community:England 1988 to 1998'.

GP referral form proposal

An east London community pharmacist is proposing that a multi-disciplinary referral form should be used by GPs to refer patients to pharmacists to help reduce antibiotic prescribing.

Stimulated by the growth in national concern about unnecessary use of antibiotics, Peter Evans from Chingford has devised a form to help doctors complete a consultation for a self-limiting viral or bacterial infection for which antibiotic prescribing would be inappropriate. He now wants to raise awareness of the form and is hoping that pilot trials around the country will test its usefulness, so that it could eventually be used on a national basis.

"The form will be welcomed by GPs who clearly find that terminating a consultation without issuing a prescription can leave the patient feeling cheated," he said. "[This can] cause a morale problem which is not only detrimental to the GP/patient relationship, but may also hamper illness recovery."

The form could be used as an alternative prescription pad. It would involve the GP personalising the form for a patient with the patient's name, address and suggested category of remedy to purchase. The GP would reassure the patient that an antibiotic was not necessary and ask the patient to take the form to a pharmacy.

On presentation of the form, the pharmacist would note the doctor's recommendation, but would use his or her own judgement to supply the patient with the most appropriate over the counter product. As such, the pharmacist would take on responsibility for the treatment.

Benefits include the involvement of the patient in the medicine selection, which would help address the morale problem, suggested Mr Evans. It should also help reduce prescribing costs and may help delay the advance of microbial resistance. "The form will also benefit pharmacy, as redemption will take place specifically in the pharmacy and it will ensure that medicines are purchased under the supervision of a pharmacist."

On the pharmacist's part, the medicines sold would be entered on the reverse of the form which would then be stamped by the pharmacist. This would allow monitoring and audit, and allow the extent of individual GP participation to be monitored, he said.

The list of product categories given on the form, for the doctor to tick, are: decongestant, analgesic, cough suppressant, expectorant, demulcent, decongestant with expectorant or suppressant, NSAIDs, aromatic inhalation, smoking cessation product, throat lozenges, antihistamines and urinary alkalising agent.

Mr Evans said there had already been a lot of interest in and support expressed for the form, which he claims copyright to, from the Royal Pharmaceutical Society's law department as well as local healthcare colleagues. Further information is available by writing to Mr Evans at: 4 Connaught Road, Chingford, London E4 7DL. Comments or suggestions about the form are also welcome.

2.3p on fee agreed for POD checks

The NHS Executive has agreed that payments to contractors for point of dispensing checks should be added to the basic dispensing fee.

From June onwards, 2.3p will be added to the current fee of 94.1p, taking it to 96.4p.

Further funds will be available when the 1999-2000 global sum increase has been finalised. The Pharmaceutical Services Negotiating Committee intends that the remaining global sum money should be distributed as equally as possible, which means that most will go on the professional allowance in line with the principles agreed in January (*C&D* January 23, p4).

IN BRIEF

PSNI seeks new secretary

The Pharmaceutical Society of Northern Ireland has started its recruitment process for Derek Lawson's successor to the post of secretary and chief executive. The advert appears this week on p30.

Drug alert

CP Pharmaceuticals has issued a 'caution in use' warning for its Monoparin Injection: Heparin Sodium (Mucous) BP 5,000iu/ml 10 x 1ml ampoules, batch number 13605, expiry April 2002. The class 4 warning was issued on June 28 due to a single report of a carton from this batch containing 10 ampoules of Monoparin-CA Injection, Heparin Calcium (Mucous) BP 25,000iu/ml 0.2ml. Further details from CP Pharmaceuticals on 01978 661261.

New professional boards

Three new professional boards will be set up under the umbrella of the Council for the Professions Supplementary to Medicine. The new boards will register and regulate speech and language therapists, clinical scientists and paramedics. Once registered, practitioners can call themselves 'state registered'.

Insulin pens

The Department of Health is still considering responses to the proposals to make insulin pen needles available free of charge. "We are seeking clarification on certain points before we make our final decisions," said health minister John Denham.

Health Bill gets Royal Assent

The Health Bill, which legislates for primary care trusts and ends GP fund holding, received Royal Assent on Wednesday. The public health White Paper is expected to be published on Tuesday.

WHO antimicrobial alert

The World Health Organization has warned that he world has "dangerously underestimated" the threat posed by bacteria and viruses. One in two deaths of young working adults and children are due to just six types of infectious diseases – AIDS, malaria, TB, measles, diarrhoeal diseases, and acute respiratory infections – said WHO.

Cancer service review

The Commission for Health Improvement, working with the Audit Commission, is to look at cancer as an "early priority". The Department of Health is also developing a set of national standards and performance measures to overcome different regional approaches.

More publicity for yellow cards

The *Current Problems in Pharmacovigilance* bulletin is to be improved to give better feedback on the yellow card drug reporting scheme.

A forthcoming edition of the bulletin will also include a special feature on what happens to reports of suspected adverse reactions, and how they help protect public health.

Other steps being taken or planned include:

- encouraging medical schools to include ADRs and methods of drug safety monitoring as core parts of the curriculum
- wider availability of yellow cards and introducing new reporting methods, eg by fax, phone or electronically.

New contraceptive advice materials

Schering Health Care has issued a leaflet on contraceptive options for women after they have had a baby, and a new training video.

The leaflet coincides with research which shows that only 7 per cent of women are aware of the full range of contraceptive options available to them. While all had heard of the contraceptive Pill, only 12 per cent were aware of the hormonal intra-uterine system (IUS). The video, reviewing all methods of contraception, has been accredited for nurses, but pharmacists may also find it of use, said Schering.

- 'Choices in contraception - after your baby is born' leaflets are available from Schering sales representatives or by sending an SAE to the PR Department at Schering Health Care Ltd, The Brow, Burgess Hill, West Sussex RH15 9NE. To obtain a training pack, including the video, send a cheque for £12.99 to Healthcare Productions Ltd, Unit 301, Blackfriars Foundry, 156 Blackfriars Road, London SE1 8EN.

PSNI to set up millennium prize

A pre-registration student project prize of £1,000 will be awarded next year as part of the Pharmaceutical Society of Northern Ireland's 75th anniversary celebrations.

The President's Prize 2000 will go to the student who produces the best project on a community pharmacy practice topic. Similar in nature to a final year BSc project, the subject matter will not be restricted, "but it is hoped that projects will reflect the contemporary provision of pharmaceutical services in the community".

Pre-registration students should register the title of their project by September 1 at the PSNI. Projects must be submitted no later than May 1, 2000, and the ten best entrants will be invited to present their project at a meeting at the PSNI's headquarters in early July, 2000.

Further details are available from education committee chairman Raymond Anderson, c/o PSNI, 73 University Street, Belfast.

The prize is sponsored by Reckitt & Colman.

EU herbals market worth £3.5bn

The European market for herbal medicines was worth over £3.5 billion at retail prices in 1998 and is expected to grow by about 15-20 per cent a year in the next five years.

Germany accounts for 47 per cent of the market, followed by France, Italy and the UK. A new report, 'The EU market for herbal medicines 1999-2004', says the factors fuelling growth are:

- the failure of modern drugs to treat a number of conditions, leading to researchers casting a wider net for effective remedies
- interest from consumer groups
- increased availability of effective herbal products.

For copies of the report (£1,500), telephone 0171 370 2255.

Stern reprimand for pharmacist

A Barnsley pharmacist who acted illegally by selling methadone "in bulk" to two addicts, has been reprimanded.

The Statutory Committee heard that Elias Patel had "mis-dispensed" the drug to an addict and her boyfriend.

The offence was discovered when police went to a flat in the Royston area after the death of a third addict on August 14, 1997. Several almost full bottles of methadone dispensed from Mr Patel's pharmacy in May 1997 were discovered in a cupboard of the flat.

Geoffrey Hudson, solicitor to the Society, told the committee that Mr Patel was interviewed by police and admitted that he had on occasion over-prescribed the methadone to the two addicts when they told him they were going away on holiday or for a weekend. As a result of Barnsley police inquiries, Mr Patel of Thornhill, Dewsbury, appeared at Sheffield Crown Court on June 22, 1998, at which he pleaded guilty to, and was convicted of, two specimen charges of supplying a Class A Controlled Drug. He was sentenced to pay a fine totalling £2,000.

Mr Hudson said that Mr Patel had admitted in interviews with police and at court that he had supplied up to one week's prescription of the drug at "one go" instead of in three instalments. He had stressed that he had not done it for profit, but in the patients' interests.

The police admitted that there was no forensic link between the methadone Mr Patel had dispensed and the dead man, who was discovered dead in bed from an overdose of the drug, on the day after police found the bottles in the cupboard.

Mr Patel told the Committee he had known the two addicts for over two years. They were both well-spoken, well-dressed and well-mannered and he had trusted them, although he realised he should not have done so as they were addicts.

He admitted that on four or five occasions he had supplied them with a week's supply of methadone when they said they were going on holiday. He claimed that on the first time he was asked, he phoned the Barnsley Substance Misuse Team, and someone there told him they thought it would be alright to give a week's prescription. He added that he now accepted that the two patients must have thought he was a "soft touch".

The Committee found that the facts admitted by Mr Patel made him unfit to be on the Pharmaceutical Register, but decided that his name should not be removed because of the powerful mitigation made on his behalf. Instead, it decided to issue him with a stern reprimand about his conduct.

Announcing the decision, chairman Gary Flather QC gave Mr Patel a strong warning about the dangers of breaking "the golden rule" for pharmacists: not to give drugs "by proxy" to patients for someone else. Mr Patel had found out to his cost, that if a chemist was regarded as a "soft touch, addicts will be round like bees round a honeypot".

Mr Flather said he knew that Mr Patel had "worried himself sick" about proceedings, and added that he was confident the Committee would never see him again.

N IRELAND NOTEBOOK

Let market forces prevail...

There has been much talk and debate on the current manpower shortage in the profession. Longer opening hours for shopping centre pharmacies and the fallow year could cause a crisis in the profession. A crisis, in the opinion of some, that will make the millennium bug look like an ailing flea.

A number of remedies are being tried. A 'return to practice' scheme was reported recently in the pharmacy press. A sensible idea, but it seems that the low numbers taking part are unlikely to solve the problem.

Personally, I think the crisis is a lot of hot air and will have one simple solution – market forces. It has been accepted for years that N Ireland has too many pharmacy contracts. We have a low density of population compared to Great Britain, but the PCC's refusal to lose any contractors is flawed negotiating policy.

"The PCC's refusal to lose any contractors is flawed negotiating policy"

Areas of low density population would keep their pharmacies through a robust essential small pharmacy scheme. In short, let's get a scheme to give us fewer contracts and allow the non-viable contractors an exit strategy.

N Ireland has just over 500 contracts owned by some 300 contractors. An increasing number of pharmacist multiple contractors do not actually practise pharmacy. They have graduated to working from offices to profit through buying with greater efficiency.

There is also a large number of pharmacists in their late 50s and early 60s who, sensibly, took retirement when the prices being paid for their contracts was high. They have worked hard all their lives and are unwilling to work for the money currently being paid for managers and locums.

If there is a severe shortage of pharmacists, the cost of hiring a pharmacist manager or a locum must increase. Where a pharmacy cannot afford this, there must be a subsidy paid or the pharmacy must close. The small multiple owner pharmacist who cannot afford a manager must return to practice, and with increased salaries, those who took early retirement could be attracted back to work. A market driven solution to the much talked about manpower problem.

Written by a practising Northern Ireland pharmacist.

Xrayser

Topical Reflections

Keep things regular on the counter

I run a family community pharmacy and take pride in the regular patronage of my customers. Without their loyalty I would not exist, but whereas I can only encourage their regularity by good service, Seven Seas has taken the more direct approach and offered them free samples of its new Califig Fruit & Fibre Bar.

The bars are quite eye-catching in their bright green livery, and I was happy to allow my customers to try them, but maybe I should have been more alert.

It was Dotty who saw a little girl pick up five bars and announce to her mother that she could take them to school, one for every day of the week. The mother was not concerned until Dotty pointed out that the Califig bar contains 25 per cent Senna leaf powder!

It does say on the front of the bar 'helps maintain regularity', but the instructions and formulation are in very small print on the back. Nowhere does the word 'laxative' appear, and nowhere is the bar clearly identified as a medicine.

Laxatives have always been marketed in the guise of food, but perhaps this story is a warning to both pharmacists and manufacturers. Laxatives are serious medicines with a well documented history of abuse.

Those marketed as chewy fruit and fibre bars or as pieces of chocolate should not disguise their true intent by attractive packaging.

In the case of the Califig bar the potential for serious harm, particularly to a child, is high. I have now withdrawn the bars from open display and would urge Seven Seas to review its packaging rather than relying on eagle-eyed counter staff to prevent any problems.

Those medics are at it again ...

I have no doubt that doctors believe they should run primary health services, but this really is one of the largest stumbling blocks to the services' advancement.

The Government has already capitulated to medical pressure and doctors now dominate primary care group and trust boards, but in the great and glorious plan, PCGs are expected to evolve quickly into primary care trusts, where GPs will no longer have a built-in majority.

PCTs are scheduled to start from next April. Although it is expected there will only be a limited number of PCGs capable of taking this step in 2000, it is only 12 months after their formation. There is a feeling of unseemly haste.

Certainly this was the attitude of the recent Conference of Local Medical Committees, and in this I agree. But then the old arrogance took hold, because the conference agreed to block this transition unless GPs gave their overwhelming consent by secret ballot to insist on retaining the right to majority control on PCT Boards (*The Guardian*, June 25).

GPs are calling for a government reaffirmation of their dominant role in running primary health services, but at the same time they show little sign of understanding the needs of the patient or the advances that could be achieved by the active participation of other health professions.

In order for PCTs to be successful, they must properly represent the interests of all parties to healthcare, but this will never be achieved if the self-interested ambitions of the medical profession are allowed to dominate decisions.

Pharmacy and the other contractor professions lost the first round, but must now convince the Government that the soon-to-be-constituted PCT boards truly represent all stakeholders.

Tried and tested from the good old days

I long ago gave up the unequal struggle of trying to obtain supplies of Velouty Cream Powder, and assumed it had gone for good. Now, out of the blue, or should I say out of the pages of *C&D*, has dropped an insert from Chattem UK announcing its relaunch.

I would have normally expected a bonus to tempt me with this relaunch, but from the packaging and mail shot I suspect that Chattem is a company working within a tight budget. However, I have an empathy for small fish swimming with the sharks and will support Chattem with an initial order.

Many of my more mature lady customers have switched to alternative products, but I anticipate that, like me, their memories are long and they will quickly return to their tried and trusted Cream Powder!

Letters

On the wrong track over CFC-free inhalers

The impression given by **Xrayser** (*C&D* June 19) that there may only be two manufacturers of salbutamol CFC-free inhalers – 3M and Glaxo – is incorrect.

Baker Norton is the second largest manufacturer of salbutamol inhalers in the UK. Norton currently has licence applications pending with the UK's Medicines Control Agency and expects to launch both salbutamol and beclomethasone CFC-free inhalers shortly.

Norton has also had a number of 3M patents revoked in cases heard at both the UK and European patent courts. This means that branded alternatives are not subject to any patent protection, as cited in the article, so there will, most definitely, be more than two CFC-free salbutamol inhalers that prescribers can choose from.

There are as yet no laws to hinder the continued marketing of CFC-driven inhalers. Any decision to cease marketing a CFC-driven inhaler at the moment is purely commercial.

The continued availability of CFC inhalers will enable prescribers and dispensers to mediate the transition in their own time and help ensure the delivery of the seamless transition for which we are all striving.

Nick Foster
Sales and marketing director, Norton Healthcare

Publication derailed!

I write to you on behalf of the YPG executive, dismayed that the Government's strategy for pharmacy has still not been published. This report was promised last autumn. The parliamentary under-secretary of state for health, Baroness Hayman, said that the strategy was taking longer than expected because many good ideas had been suggested and there were complex issues to consider. This is understandably a cause for delay. But this document will soon be a year late, which is more like a derailment.

Without a strategy, pharmacy cannot hope to move forward and embrace future 'New Age' roles. Of course, the state of affairs at Lambeth does not help, as internal politics preoccupy Council. With such disunity and a lack of strong leadership, is it any wonder that we seem to be the last profession within the NHS to be selected for revolutionary changes?

At the PSNC dinner this year, Frank Dobson said he was sick to death of consulting and wanted to get on with things. If this is so, then he should publish the pharmacy strategy document. Many of the changes discussed might only occur with changes in the legislation, which will take several years and much debate.

The Council should be anticipating these changes and pushing for the earliest possible publication of the Government's strategy document. Otherwise we, as a profession, will get sidelined in the NHS reforms and lose our central position in healthcare, making PIANA a 'utopian' vision that never reaches fruition.

Crispin Bliss
Secretary, YPG

Supporting primary care pharmacy

C&D June 19 carried an article about prescribing support groups that gave a brief mention about the Primary Care Pharmacists' Association.

The PCPA is now well established with over 200 members. It sees itself primarily as a support organisation for pharmacists working in primary care. Our initial objectives are to establish means of communications for our members. This is being done through a newsletter, a web site and a network of regional mentors/local contacts.

The PCPA plans to support the continuing development of primary care pharmacy by promoting the pharmacist's role outside of the profession. We will also offer advice to those pharmacy professional bodies that are already developing standards for primary care pharmacy.

We do not, however, feel it is the role of the Association to produce our own standards. PCPA wants to be a UK-wide association and will work to ensure that the voices of members outside England are also heard. For details, write to freepost at: Medicom UK, Churston House, Portsmouth Rd, Esher, Surrey, KT10 9BR.

Duncan Petty
Chairman, PCPA

Competing priorities

I was saddened to read Andrew McCoig's **Viewpoint** (*C&D* May 22). While I can understand his frustration at not making more significant progress in developing a wider range of services that are paid for by the Health Authority, I do not think his article accurately presents either our past or current working relationship.

In Croydon, we have had what I believe to be a very productive relationship with the LPC. We always attend LPC meetings and there are regular individual meetings with the chair and secretary.

Examples of projects that the HA has invested in with pharmacists are:

- supervised administration of methadone
- domiciliary visiting project
- information boards regarding emergency contraception – the local authority was not the first to develop this, as was suggested in the article
- community pharmacists employed to work with GP practices
- needle exchange scheme
- pharmaceutical mental health project
- health promotion training.

In addition, there are new projects we are working on with the LPC, including a minor ailment referrals project and smoking cessation.

While Mr McCoig is right that the HA did put resources into a pharmacist domiciliary scheme some years ago, this was a time limited pilot project. This important work is now being taken forward in different ways through the PCG teams that do involve community pharmacy.

The LPC will be represented at all of the prescribing sub-groups of our PCGs. While it is also true that the LPC has set out its stall for providing further innovative services, like so many other HAs, not all of these services are such a top priority for developments as other issues such as children's therapies are.

I do not believe it is accurate to say that the LPC has heard of no proposals to involve community pharmacists in any meaningful way. The LPC plays a part in our PCG development advisory group across Croydon and is always invited to all key meetings. Recently the LPC attended a PCG seminar meeting and the PCG community network meeting.

Croydon HA believes community pharmacists are an extremely valuable resource and we have endeavoured to work very closely with them over the years. However, it is not always possible to find additional development monies to invest in new community pharmacy projects when there are many other competing priorities that the Government expects HAs to invest in.

Rebecca Sparks
Director of Primary Care and Community Commissioning, Croydon Health

Is there an alternative?

We wish to correct the impression given in **Business News** (*C&D* June 12) that Philip Harris Medical Ltd is the only alternative pharmaceutical wholesaler to AAH and UniChem in south-west England.

Tatfords has been delivering to 90 independent pharmacies in Devon and Cornwall for the past three years. And we were the first wholesaler to offer the Numark package to independent pharmacists in the area.

The fact is that Tatfords is the only independent wholesaler delivering in south-west England.

Ian Crimp
Marketing/Sales Manager, Tatfords

Essential information:

Daktarin™ Cream. **Presentation:** White cream containing miconazole nitrate 2% w/w. **Indications:** Treatment of fungal infections of the skin and super-infection due to Gram-positive bacteria. **Dosage:** Apply twice daily and continue for ten days after lesions have disappeared. **Precautions and warnings:** Discontinue if hypersensitivity occurs. Use with caution in pregnancy. **Price:** £3.20, 15g tube. **Legal category:** P. **PL:** 0242/0016. **PL Holder:** Janssen-Cilag Ltd, Saunderton, High Wycombe, Bucks HP14 4HJ. Date of Preparation: March 1999.

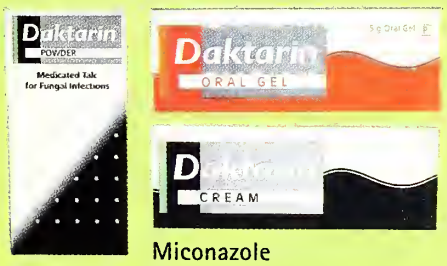
Essential Information: Daktarin™ Powder **Presentation:** White powder containing miconazole nitrate 2% w/w. **Indications:** Treatment of fungal infections of the skin and super-infection due to Gram-positive bacteria. **Dosage:** Apply twice daily and continue for ten days after lesions have disappeared. **Contra-indications, precautions and warnings:** Not for hair or nail infections. Discontinue if hypersensitivity occurs. Use with caution in pregnancy. **Price:** £3.20, 20g tub. **Legal Category:** P. **PL:** 0242/0017. **PL Holder:** Janssen-Cilag Ltd, Saunderton, High Wycombe, Bucks HP14 4HJ. **Date of Preparation:** March 1999.

Essential Information: Daktarin™ Oral Gel. **Presentation:** White gel containing miconazole 2% w/w. **Indications:** Treatment and prevention of fungal infections of mouth. **Dosage:** Apply a small amount of gel directly to the affected area. Children 0 to 6 years twice daily. Adult and children over 6, four times daily. Continue treatment for up to 2 days after symptoms have cleared. **Precautions, warnings:** Consult doctor if pregnant. **Interactions:** Oral miconazole may interact with anticoagulants, anti-epileptics or hypoglycaemic drugs. **Side Effects:** Mild GI disturbance. Price £3.99, 15g tube. **Legal category:** P. **PL:** 0242/0048. **PL Holder:** Janssen-Cilag Ltd, Saunderton, High Wycombe, Bucks HP14 4HJ. **Date of Preparation:** March 1999.

NO SWEAT.
NO JOCK ITCH.
NO RING WORM.
NO ORAL THRUSH.
NO ATHLETE'S FOOT.
NO INFECTED NAPPY RASH.

NO DOUBT ABOUT WHAT TREATMENT YOU SHOULD BE RECOMMENDING.

There's no better broad spectrum treatment than Daktarin for sweat rash and common fungal skin and mouth infections. It's available in three presentations – including powder with a special drying effect – allowing customers to choose what's most comfortable and convenient for them. Daktarin also kills both the fungal and bacterial bugs that can cause and aggravate athlete's foot. So there's no more effective or faster treatment available. So next time your customer is in a sweat about a fungal skin infection, make sure you recommend Daktarin.



Miconazole

Daktarin. Nothing works harder on more fungal skin infections.

Johnson & Johnson • MSD
CONSUMER PHARMACEUTICALS

Script specials

New two-in-one for travellers

SmithKline Beecham Vaccines has launched the first combined hepatitis A and typhoid vaccine that will make immunisation for travellers simpler and more convenient for GPs, practice nurses and patients.

Hepatyrix is a combined vaccine that provides active immunisation against hepatitis A virus infection and typhoid fever, two of the most commonly contracted vaccine-preventable infections among travellers. Both are usually contracted through ingestion of faecally-contaminated food and water, which is why SmithKline Beecham believes it makes sense to combine protection against both in a single injection.

Hepatyrix is presented as a pre-filled syringe with one non-fixed, one-inch (23G) needle. The syringe is fitted with a new 'backstop' device that provides improved grip and control, making the vaccine easier to administer. The recommended dose for adults and children over 15 years is 1ml given by intramuscular injection.

Ideally, the vaccine should be given at least two weeks before risk of exposure to typhoid and one month before risk of exposure to hepatitis A.

Hepatyrix provides protection from hepatitis A for patients over 15 years for a minimum of 12 months and protection against typhoid fever for up to three years. Patients who receive a hepatitis A booster six to 12 months later will be protected for up to ten years against this disease. Patients who remain at risk of typhoid need to be revaccinated at year three and every three years thereafter.

Hepatyrix should be stored at 2-8 deg C and should be protected from light. The vaccine is available in single packs or packs of ten (basic NHS prices £34.49 and £344.90 respectively).

● The launch of Hepatyrix coincides with a recent Gallup survey that found that British people could be risking their health because of a fear of injections.

Although travel vaccination is an essential element of travelling, particularly to exotic destinations, one in four people said that the thought of an injection was likely to deter them from having the recommended vaccinations before travelling. Almost one in five people surveyed said they would feel apprehensive about having an injection.

The two-in-one vaccine reduces the numbers of injections required and also frees up a further injection site, so that last minute travellers are able to receive other vaccines if required.

SmithKline Beecham Vaccines.
Freephone 0800 716280.

MEDICAL MATTERS

Bad news for moderate drinkers

Drinking moderate amounts of alcohol may not be as healthy as we have been led to believe.

Previous studies had suggested that moderate alcohol consumption, particularly of red wine, could help keep hearts healthy, but a new study of Scottish men has found that a moderate intake of alcohol has no protective effects on our health and may even increase the risk of dying from stroke. The report, published in the latest *British Medical Journal*, investigated mortality and alcohol consumption in almost 6,000 men for over 21 years. A wide range of socio-economic and other variables were measured to allow researchers to adjust accordingly.

The risk for all-cause mortality was found to be similar for non-drinkers and men drinking up to 14 units a week. However, after this point there was a graded association between mortality risk and alcohol consumption. Adjustments for risk factors, such as occupation, cholesterol levels, cigarette smoking etc, did reduce the increased relative risks, but they remained significantly above one for men drinking 22 units or more of alcohol a week (equivalent to 11 pints of beer a week or half a bottle of wine a day).

The researchers found no strong link between alcohol consumption and death from coronary heart disease. However, the risk of dying from stroke was strongly associated with alcohol consumption, with men drinking 35 or more units a week having double the risk of non-drinkers, even after adjusting for variables.

In their conclusion, the authors say the overall association between alcohol consumption and mortality is unfavourable for men drinking over 22 units a week, and does not support the promotion of increased drinking for reasons of health.

● In the study one bottle of wine was equal to six units of alcohol, one pint of beer to two units and one measure of spirits equal to one unit.

Scopoderm back on the market

Following an extended absence from the market, due to manufacturing difficulties, Scopoderm TTS patches are now available in the UK, with effect from July 1.

Scopoderm TTS, containing hyoscine, is licensed for the prevention of symptoms of motion sickness such as nausea, vomiting and vertigo. Over a three-day period the average amount of hyoscine absorbed from each patch is 1mg.

To obtain maximum benefit from the system it should be applied about five to six hours before starting out on a journey, or alternatively, the evening before. It should be placed on a clean, dry, hairless area of skin behind the ear, taking care to avoid any cuts or irritation. A single patch can provide protection for up to three days. If relief is only required for shorter periods of time, the system can be removed at the end of the journey. The patch can be used in children over ten years, but care should be taken when using it in the elderly as they may be more prone to suffer from the side effects of hyoscine.

Users should wash their hands thoroughly after handling the system and wash the site of application after the patch is removed. These precautions reduce the risk of hyoscine accidentally getting into the eyes where it could precipitate acute glaucoma.

As hyoscine can cause drowsiness or visual disturbances in some patients, they should be advised not to drive, operate machinery, dive or take part in any other activities where such side effects could lead to danger.

Scopoderm TTS, a POM, comes in packs of two patches at a basic NHS price of £4.50 per pack.

Novartis Pharmaceuticals UK Ltd.
Tel: 01276 698370.

IN BRIEF

Patient information on angina

Napp Phormaceuticals has produced on easy-to-read educotionol leaflet for people suffering from angina. The leaflet, which includes a foreword by Dr Chris Steele, is freely available to pharmacists, nurses or GPs for use with angina patients. To obtoin copies write to: Angina leaflets, FREEPOST MID 17580, Nottingham NG7 1BR.

Roferon-A pre-filled syringes

The gauge of the needle supplied with the Roferon-A (interferon alfa-2a) pre-filled syringes has been reduced from 0.5mm to 0.4mm gauge to allow less poin on injection.

Roche Products Ltd.
Tel: 01707 366000.

Dobutrex distribution

The distribution arrangement for Dobutrex 250mg/20ml vial by Lagap on behalf of Eli Lilly has ended. Orders should now be addressed to :

Eli Lilly & Co Ltd.
Tel: 01256 315000.

New pack for Zarontin Syrup

To meet the requirements of the Patient Pack Initiative, the 300ml pack of Zarontin Syrup is being reploced by a 200ml size (basic NHS price, £3.73).

Parke Davis & Co Ltd.
Tel: 01703 620500.

Shire price changes

Shire Pharmaceuticols hos announced price changes for some of its products, effective from July 1: Calcichew D3 (100, £15.02); Calcichew D3 Forte (100, £9.50); Midrid (100, £13.11); Cyclogest 200 (15, £5.80); Cyclogest 400 (15, £8.39); Hormonin (90, £7.08); Robaxin 750 (100, £12.65); and Urispos 200 (90, £11.87). Claims for credit, supported by documentory evidence of stock holding as at June 30, will be accepted.

Shire Phormaceuticals.
Tel: 01264 348562.

Mizollen goes to Schwarz

Lorex Synthélabo has onnounced that Mizollen (mizolastine) will now be sold by Schwarz Pharma in the UK. Any queries about the product should now be directed to:

Schwarz Phorma.
Tel: 01494 797500.

Kill two birds with one stone with Migraleve Pink. Its double action works against both the throbbing head pain and the nausea and vomiting of a migraine. And, if taken early, Migraleve Pink can prevent a full-blown attack from developing.

A first choice for migraine.

Migraleve™
Buclizine Hydrochloride, Paracetamol, Codeine Phosphate.

Migraleve™ Abbreviated Product Information. Migraleve Tablets. Indications: For treatment of migraine attacks which can include the symptoms of migraine headache, nausea and vomiting. **Presentation: Migraleve Pink** – pink tablets each containing Buclizine Hydrochloride BP 6.25mg, Paracetamol OC 96% 520mg equivalent to Paracetamol PhEur 500mg, Codeine Phosphate PhEur 8mg. **Migraleve Yellow** – yellow tablets each containing Paracetamol OC 96% 520mg equivalent to Paracetamol PhEur 500mg, Codeine Phosphate PhEur 8mg. **Dosage and administration:** *Adults Treatment* Two Migraleve Pink tablets immediately it is known that a migraine attack has started or is imminent. If symptoms persist, two Migraleve Yellow tablets every four hours. Maximum eight tablets (two Migraleve Pink and six Migraleve Yellow) in 24 hours. *Children 10-14 years:* One Migraleve Pink initially. If required one Migraleve Yellow every four hours. Maximum four tablets (one Migraleve Pink and three Migraleve Yellow) in 24 hours. *Elderly (over 65 years)* As for adults. **Contra-indications, warnings, etc:** *Contra-indications* Hypersensitivity to any of the ingredients. Not for administration to children under 10 except under medical supervision. *Precautions* Migraine should be medically diagnosed. Migraleve should be used with caution in patients with severe renal disease or liver dysfunction. Migraleve should not be taken with prescribed medicines or for extended periods without the advice of a doctor. Avoid alcoholic drink. Migraleve Pink only: may cause drowsiness. If affected, do not drive or operate machinery. *Side-effects* Rarely, allergic reactions such as skin rashes, hives or itching (paracetamol), constipation (codeine phosphate) or drowsiness (buclizine hydrochloride). *Use in pregnancy:* Whilst there are no specific reasons for contra-indicating Migraleve during pregnancy, as with all drugs, it is recommended that Migraleve be used with caution in pregnancy. Migraleve is not contra-indicated in breast-feeding mothers. *Treatment of overdosage* As for paracetamol (i.v. acetylcysteine) and codeine (injection of naloxone). **Package quantities and Trade Price:** Migraleve 12 – £2.22, 24 – £3.91. Migraleve Pink 12 – £2.31; 24 – £4.31. Migraleve Yellow 12 – £1.99; 24 – £3.42. **Legal category** P. **Product Licence Numbers.** Migraleve – PL 01906/0028, Migraleve Pink – PL 01906/0026, Migraleve Yellow – PL 01906/0027. **Marketing Authorisation Holder:** Pfizer Consumer Healthcare, Alton, Hampshire GU34 2TJ. **Date of preparation:** June 1999. Further information available from: Pfizer Consumer Healthcare, Wilsom Road, Alton, Hampshire, GU34 2TJ.

Pfizer Consumer Healthcare

Counterpoints

Pharmacy promotion for first aid range

Smith & Nephew is introducing a new pharmacy promotion designed to boost sales of its range of Advanced First Aid products.

Consumers are offered a free 250ml bottle of Refreshing Shower Gel from the Simple range of toiletries when a purchase is made from the Advanced First Aid range.

Smith & Nephew will be co-ordinating all consumer redemptions to make the promotion as easy as possible for pharmacy staff. An eye-catching promotional leaflet is available to display next to the product in-store.

The promotion runs until the end of August.

Smith & Nephew Healthcare Ltd.
Tel: 01482 222200.

Seven Seas puts a smile on the face of vitamins

Seven Seas Health Care is launching a new children's vitamin supplement to sit alongside its Haliborange Originals range.

Halibonbons Children's Chewable Vitamin C is orange flavoured and contains 100mg vitamin C – the equivalent of 400g of oranges. It also includes vitamins A and D.

Formulated with natural flavours and colours, the tablets contain no artificial sweeteners.

The packaging features fun mini orange 'characters' with smiling faces. Retail price is £2.49 for 30 chewable tablets.

The launch is being supported by a £1 million advertising and PR campaign.

The children's vitamin market is worth £12.19 million.

Seven Seas Health Care Ltd.
Tel: 01482 375234.

A supplement for menopausal women

Ardern Healthcare is launching an isoflavone supplement targeted at menopausal women.

Flav-ein is a natural supplement containing a blend of the isoflavones genistein, daidzein and glycitein with legume powder. It is made from US soya beans that are guaranteed free from genetic modification.

Isoflavones are weak oestrogens that can help to maintain women's oestrogen levels at the menopause without the side effects of HRT.

The recommended daily intake is two capsules, giving 56mg of isoflavone. Retail price is £17.99 for a pack of 60 capsules.

Ardern Healthcare Ltd.
Tel: 01584 781777.

Stafford-Miller to build Interdens sales

Stafford-Miller is adding the Interdens dental stick to its UK dental product range, following the acquisition of the brand from Roche Products on June 17.

The company plans to build on the the brand's heritage and develop sales of the dental stick alongside its existing dental business.

Stafford-Miller Ltd.
Tel: 01707 331001.

UniChem launches logo, ad campaign and own brands

UniChem is to roll out its new logo during the second half of the year in consumer advertising and on own-label products.

A new £400,000 consumer advertising campaign will get underway in the second half of the year using the new logo. Adverts will appear in the *Daily Mail*, *Sunday Mirror* and *Daily Express*, promoting holiday health, children's remedies, pain relief, and cough and cold products.

The campaign will incorporate elements of last year's 'Walk this way' promotion, including window display material. Pharmacies will be supplied initially with a 'window lozenge' with the message, 'Ask inside for healthcare advice'. Other lozenges will be issued at the same time as the consumer advertising through the wholesale branch network.

The prices of UniChem's own-label analgesics have been lowered by up to 30 per cent to match prices in the grocery sector more closely. This is part of the company's strategy to position pharmacy known value items as value for money alternatives to supermarket lines should resale price maintenance be lost on medicines.

A phased redesign of own-label products should see the lines that account for 80 per cent of sales carrying the new logo and updated pack graphics by the end of the year. A "greatly improved" vitamins and supplements range will be launched at the beginning of October.

Sales and marketing director Martyn Ward said UniChem plans to introduce a scheme later in the year "offering greater promotional and tailored support" to encourage retailers to stock own-label products.

UniChem.
Tel: 0181 391 2323.

Campaign to treat itching seriously

Novartis Consumer Health is supporting its Eurax range with a £400,000 advertising campaign.

Eurax is a non-greasy anti-pruritic that contains crotamiton and is formulated to provide long-lasting relief from itching. The advertising will feature the message: 'Eurax. Treats itching. Seriously'.

The campaign will run from July to September in the national press and women's magazines.

Novartis Consumer Health UK Ltd.
Tel: 01403 210211.

BE PREPARED - Summer Sun can trigger cold sores

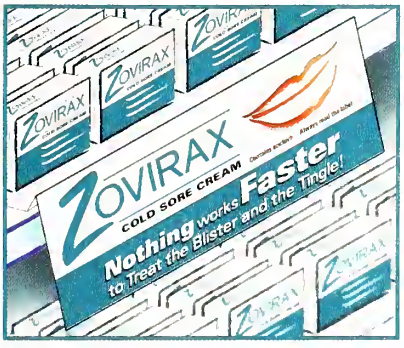
ZOVIRAX

COLD SORE CREAM

Recommend *EXTRA* cold sore protection this summer...

...and *SMILE* at your profits

Increase customer awareness and purchase by placing this POS in the suncream section.



Remind your customers that Zovirax is the No.1 Pharmacy recommended brand.*

- ***Nothing*** **works** ***Faster*** **to Treat the Blister and the Tingle!**
- **Zovirax is a holiday kit essential.**

Contains aciclovir
Always read the label

ing Pharma Consumer Care on 01202 314824 to request POS

Presentation: 5% w/w aciclovir in water miscible cream base. **Uses:** Cold Sore treatment. **Dosage and administration:** Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the tingle phase. If healing has not occurred, treatment may be continued for up to an additional 5 days. **Contra-indications, Warnings, etc:** Zovirax Cold Sore Cream is contra-indicated in patients known to be hypersensitive to aciclovir or propylene glycol. **Precautions:** Zovirax Cold Sore Cream should only be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye or the genital area. Do not use if the patient is under the care of a doctor because of a weak immune system. **Side and adverse effects:** Transient burning or stinging may follow application. Mild drying or flaking of the skin has occurred in about 5% of patients. Erythema, itching and contact dermatitis have been reported rarely following application. **Retail Selling Price:** 2g tube £5.44, 2g pump. **Product Licence Number:** PL 0003/0304. **Licence Holder:** The Wellcome Foundation Limited, Greenford, Middlesex UB6 0NN. **Legal category:** P. **Further information available on request from:** Customer Services, Glaxo Wellcome UK Limited, Stockley Park West, Uxbridge, Middlesex, UB11 1BT. **Date of preparation:** May 1999. ZOVIRAX is a trademark of Glaxo Wellcome PLC.

* Source: Counterpoint August-September 1998

So Very Valentino

Very Valentino Homme, the new male fragrance from Valentino, is said to capture the "luxury, sophistication and sensuality" of the Valentino fashion house.

At the heart of the fragrance is distinctive Virginian pipe tobacco that blends with nutmeg and sandalwood to give the fragrance its distinctly masculine aroma.

Top notes of Sri Lankan nutmeg are enhanced by refreshing sage and anise. The heart of the fragrance is tobacco combined with hints of coriander and thyme followed by a drydown of Indian sandalwood, mixed with amber and musk.

The Very Valentino Homme range consists of eau de toilette spray, aftershave splash, shower gel & shampoo, natural spray deodorant, and stick deodorant, with prices ranging from £11 to £36.

Elizabeth Arden Ltd.
Tel: 0171 574 2700.

Cartoons make Colgate Superstar child's play

Colgate-Palmolive is launching a new range of fun toothpastes targeted at children aged four to ten.

Colgate Superstar uses character licensing to encourage kids to adopt a regular oral care routine. The toothpastes feature Tweety, Bugs Bunny and Taz and come in three flavours - Berrylicious, Bubblefruit and Wildmint.

Colgate-Palmolive says the toothpastes are formulated with an appropriate level of fluoride to protect young teeth.

Retail price is £1.49 for a 75ml stand up tube.

Retailers can purchase a mixed case of the toothpastes. The stand-up tube is space efficient, offering three facings on shelf compared to one 75ml lay-down tube.

Colgate-Palmolive (UK) Ltd.
Tel: 01483 302222.

Coty solves pre-teen 'Puzzle'

Coty is expanding its portfolio of youth fragrances with the launch of a new brand aimed at 10-16-year-old girls.

Called Puzzle, the new fragrance range comprises an EDT spray, a body spray and a shower gel. The products are presented in a turquoise sleeve with a puzzle piece in pastel shades.

The fragrance combines fresh citrus top notes with rich floral middle notes and a drydown of wood and amber.

Michael Simpson, marketing director at Coty, said: "The pre-teen market is a great opportunity for us. There are nearly two million young girls in this age bracket."

The launch is being supported by a £500,000 campaign with advertising in youth magazines such as *Sugar, Smash Hits* and *Bliss*.

Retail prices range from £2.29 to £6.50.

Coty (UK) Ltd.
Tel: 0181 971 1300.

L'Oréal targets skin ageing with retinol treatment

L'Oréal has developed a new Plénitude night care treatment to help combat skin ageing.

L'Oréal Plénitude Line Eraser contains stabilised retinol (vitamin A in its pure state) and is formulated to stimulate cellular renewal.

According to L'Oréal, studies have measured a reduction of 48 per cent in the wrinkled surface area after eight weeks of use.

The formulation has been dermatologically tested and is suitable for all skin types. Slight redness or prickling may occur after use, but L'Oréal says this shows that the product is working. Retail price is around £10.99 for 30ml tube.

L'Oréal.
Tel: 0171 937 5454.

Benadryl ALLERGY RELIEF

Hayfever Warning System

United Kingdom	Pollen level this week (12 = max)	Pollen level same week last season (12 = max)	Predominant pollen this week on	Status	Number of weeks status
Birmingham	11.2	11.0	Grass	Alert	3
Bristol	9.6	9.5	Grass	Alert	2
Glasgow	6.8	9.5	Grass	Pre-alert	2
Leeds	11.4	11.2	Grass	Alert	2
London	10.4	9.5	Grass	Alert	3
Manchester	11.4	11.3	Grass	Alert	3
Newcastle	10.9	11.2	Grass	Alert	2
Norwich	10.4	10.2	Grass	Alert	3
Plymouth	10.4	8.7	Grass	Alert	2

It's Wimbledon fortnight and the rain swept across the country at the start of the week in traditional manner. Despite that, all the centres monitored by the Hayfever Warning System remain on alert except Glasgow, which is on pre-alert. In many areas the allergy index is the highest it has been all year, suggesting hayfever will continue to be a problem for sufferers for the next few weeks at least, despite recent rain.

The Hayfever Warning System is sponsored by Warner-Lambert Consumer Healthcare

Thunder and Light

... is Revlon's new colour cosmetics collection for Autumn. It will be on counter from September 8 until October 5.

The collection combines deep, dusky greys with rosy pinks and pearly steel colours.

The range includes lipstick (rsp £7.25), nail enamel (rsp £5.95) and eyeshadow (rsp £4.95).

Revlon International Corp.
Tel: 0171 491 5378.

Making life easier with Maybelline

To celebrate the first anniversary of its launch in the UK, Maybelline New York is introducing two innovative products.

Express Makeup 3 in 1 is a stick that covers like a liquid foundation, conceals where needed and finishes like a powder. The blend of emollients and waxes in a unique gel formula produces a light, smooth finish.

The Express Makeup 3 in 1 is hypo-allergenic and suitable for all skin types. Its oil-free formulation makes it an ideal choice for young skins that tend to be greasy. To protect the skin from the damaging effects of UV light it also has a sun protection factor (SPF) of 10.

Available from September, the new make-up comes in six shades: Sand, Buff, Nude, Fawn, Cameo and Natural Beige, and retails at £7.99.

Another new product offering consumers ease of application and removal is On-Off nail polish, which can be peeled off.

The water-based enamel is easy to apply, doesn't run and dries quickly. After applying two coats it can be removed simply by peeling the colour off. On-Off is available in eight shades, from bright oranges and blues to rich browns. The Magic transparent shade can be used as a base coat to make any nail polish top coat peelable.

The nail varnish retails at £3.99 and is available as a limited edition for the month of August only.

Maybelline New York.
Tel: 0171 937 5454.

1 SIZE FITS ALL

AERATED NEOPRENE SUPPORTS

New from BD

The UK's first full range of one size breathable neoprene supports, 'One Size Fits All'.

- Now you can offer a complete product selection in a substantially reduced amount of space.
- Increase sales by effectively covering all size options from small to extra large in one SKU.
- Cut customer confusion when confronted by different sizes in the same product.

TRUFIT FROM B-D

For further product and stocking information please contact BD Home Health Care on:

01865 781510

Into the early hours on one dose of Nurofen Long Lasting

Period pain has a way of interfering with days that should otherwise be special. Women should be able to reassure themselves that everything's going to be fine.

Just one convenient dose of Nurofen Long Lasting can ease pain for up to 12 hours.[1] Two capsules of the sustained release formulation provide a delivery of 600 mg of ibuprofen, giving long-lasting relief for up to 12 hours.[2]

Nurofen Long Lasting can help sufferers of period pain, backaches and other muscle and joint pains get on with their lives without the need for frequent re-dosing.[2] Why not let your customers benefit from pain relief for up to 12 hours on just one dose of Nurofen Long Lasting?

new

Designed to **keep going**

Lil-lets streaks into the millennium

Smith & Nephew is replacing the customary blue packaging for its Lil-lets tampons with modern new silver packaging.

The company hopes to attract young new users with the stylish new look designed to create impact on shelf.

Chris Carr, brand manager for Lil-lets, said: "This is our most revolutionary change yet within the packaging arena and we are confident that consumers will love the new look."

The new packaging is being introduced across the whole range of manual and applicator tampon absorbencies.

Lil-lets has a 28.5 per cent share of the total sanpro market which is growing at a rate of 1 per cent year-on-year (Information Resources May '99).

Smith & Nephew Consumer Products Ltd.
Tel: 0121 327 4750.

NPA training seal for allergy seminars

The National Pharmaceutical Association has awarded its training seal to a medicines counter assistants' allergy training package developed by Warner Lambert, the manufacturer of Benadryl Allergy Relief.

The training package is designed to boost counter assistants' knowledge of allergies and help equip them with the information they need to be able to advise customers on the appropriate treatment.

Informative lunchtime or evening training seminars will be held around the country. The sessions focus on topics such as: what an allergy is, how an allergic reaction can be diagnosed and how to recommend OTC treatments for specific symptoms.

Invitations to the sessions will be distributed by the salesforce.

Warner Lambert Consumer Healthcare.
Tel: 01703 641400.

ON TV NEXT WEEK

Arrid XX: C4, C5
Beconase Allergy: Sat
Benadryl Allergy Relief: All areas
Fujifilm Multi: C, A, HTV, M, CAR, C4, GMTV, Sat, C5
Lipovitan: ITV, LWT, GMTV, C4, C5
Nytol: All areas except C
Pearl Drops toothpolish: C4, C5
Rennie Deflatine: All areas except GTV, C, CTV, LWT, CAR, C4, GMTV
Sensodyne toothpaste: All areas
Setlers: All areas except C
Sudocrem antiseptic healing cream: C, GMTV
Vitalegs herbal gel: GMTV
Zi: C4, Sat
Zirtek: GMTV

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

Seeing scents

Aromatherapy Products is introducing new display units for its Tisserand Tea-Tree and Lavender pre-blended aromatherapy ranges.

Designed to create a sales presentation stand in the pharmacy, the units feature a blackboard with colour graphics and branding.

The green Tea-Tree unit is available in two sizes – one comes complete with the whole range (£159.40 plus VAT), while a smaller unit holds some of the products (£60.90 plus VAT).

The purple Lavender unit comes with the complete range (£110.05 plus VAT) including the recent additions of Lavender Bath Soak and Lavender Lotion.

Aromatherapy Products Ltd.
Tel: 01273 325666.

IN BRIEF

Feet first

Seton Scholl Healthcare is launching a search to find the pharmacy assistant with the most beautiful pair of feet for the year 2000. First prize in the Scholl Feet 2000 competition is a relaxing weekend for two at a health farm. There are 50 runners up prizes of Scholl home beauty kits for feet. Look out for details of the competition in the July 24 issue of *OTC*.

Seton Scholl Healthcare plc.
Tel: 0161 654 3000.

Feel free

Novartis Consumer Health is supporting Nicotinell by targeting railway stations throughout the UK in July. A sportily clad Nicotinell hit squad will hand out 'Feel Free' packs which contain items like kites and frisbees.

Novartis Consumer Health.
Tel: 01403 210211.

SB whitening toothpastes win

Whitening toothpastes were recently tested in an experiment for BBC TV's 'Watchdog Face Value'. SmithKline Beecham's Macleans Whitening was the winner, with Aquafresh Whitening in second place out of ten.

SmithKline Beecham Consumer Healthcare.
Tel: 0181 560 5151.

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Covonia is, and always has been, fully committed to pharmacy. Over the past year our new Night Time and Expectorant formulas combined with our highly impactful advertising have brought even more customers "charging" into pharmacies to buy Covonia. So, when it comes to cough medicine you can be sure we're behind you all the way...

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PHARMACYupdate

Take heart

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1131), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* JULY 10, PROVIDES ONE HOUR'S CONTINUOUS EDUCATION

OBJECTIVES

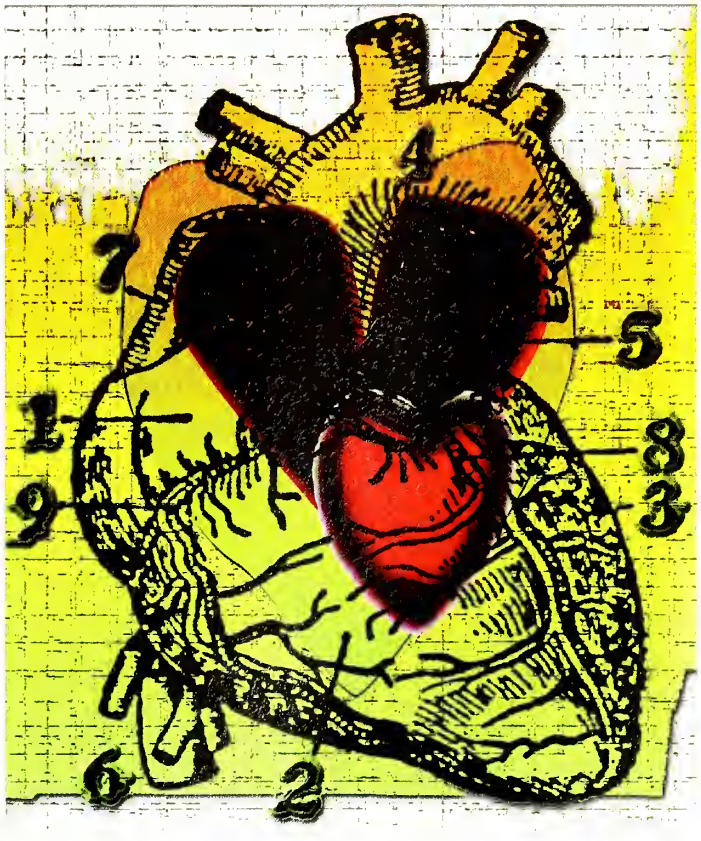
- To be able to identify groups at risk from heart disease
- To be able to improve patient compliance
- To appreciate pharmacists' role in accident prevention
- To be aware how medicines can cause accidents
- To be able to advise on safe use and storage of medicines

In the final part of the series on 'Our Healthier Nation' Jean Rothwell FRPharmS, secretary of the South Lancashire Local Pharmaceutical Committee, looks at the targets for cardiovascular disease and accidents

The Government hopes to reduce the notional death rates from heart disease, stroke and related illnesses among the under 65s by ot leost 33 per cent by 2010 (from a baseline at 1996).

The number of deoths from heart disease and stroke in both men and women has been decreasing in recent years. With the exception of Finland and Ireland, the UK has one of the highest rotes of deaths from these causes in the European Union. Deaths under 65 years of age from coronory heart disease, strokes and other circulatory diseases account for 33 per cent of oll male deaths and 21 per cent of all female deaths in the UK.

The Government is focusing attention on improving these figures over the next ten yeors. Because heart disease and strokes can be prevented, community pharmacists have an opportunity to play a significant role in helping the Government achieve its target. Pharmacists can submit bids for funding to carry out screening projects, funded by money obtained from their health authority, to enable such schemes to be carried out in community pharmacies all over the UK.



Julie Oliver

Target group

People most likely to be affected by hypertensive disease include smokers, the middle-aged and elderly, and overweight people – many of whom are unaware they have a problem because they frequently have no noticeable symptoms.

In an area surrounding the overage community pharmacy, there are likely to be more than 500 patients receiving antihypertensive medication. It is estimated that up to 100 of these could have moderate to severe hypertension and there moy also be over 150 whose hypertension is still higher. In the 'catchment area' of such a community pharmacy, there may also be as many as 250 untreated hypertensives.

It is by providing a screening service – opportunistic or planned – thot community pharmacists could help to identify potential victims of hypertensive disease, stroke or other cardiovascular disorders, which could be responsible for their early death.

Pharmacists who provide such screening programmes would undergo preliminary training in the use of a sphygmomanometer and interpretation of the measurements of systolic and diastolic blood pressures. Patients requiring medical advice would be referred to their GPs, while others could be counselled on how to plan o healthy diet, avoiding foods high in saturated fats and colories, and eating foods such as fish, white meat, fresh fruit ond vegetables and the use of skimmed milk.

Advice and counselling obout smoking cessation would also come high on the list for smokers wishing to avoid problems associated with high blood pressure, as well os advice about salt reduction in the diet and the need for regular exercise.

In a few selected areas where similar programmes have already

Continued on PII →

Continued from PII

been implemented as pilot projects, they have proved to be successful. People pass on the news of how lives have been saved by such a scheme and even the most sceptical people admitted they could be unaware that they suffered from hypertension.

Pharmaceutical services

As well as screening for hypertension, community pharmacists could offer a cholesterol testing service in their pharmacies. This is a simple test, and having one's cholesterol level measured gives people an opportunity to ask further questions about lifestyle and diet. Most people are keen to know how fit they are, but for those who do not appear to be interested in matters connected with their health, cholesterol measurement can be an introduction to the topic; lives could be saved if warning signs are observed and acted upon.

Pharmacists will become better informed about the welfare of their patients during such discussions, particularly with those patients who do not make regular visits to their GP, who would benefit from discussing their concerns with the pharmacist. Sometimes they may reveal that they suffer side effects from their medication, and in these cases the pharmacist could suggest a review of their medication when they next visit their GP.

Pharmacists who work with local GPs can offer suggestions about alternative drugs to use in their treatment. In some other cases the introduction of a daily low dose of aspirin to help guard against the risk of blood clots may be helpful and protective for patients. For cardiac patients the development of a suitable exercise programme to improve their rehabilitation process can help speed up their recovery.

Once people know about the screening and monitoring services provided at their local pharmacy, they will become aware of the need to pay more attention to their lifestyle, particularly as they grow older. In this respect, their community pharmacy could become a focal point – a place to get the help and guidance that they require to ensure a better quality of life than they might otherwise have expected.

Patients should be reminded of the need to avoid grapefruit juice when taking certain calcium channel blockers

Patient compliance

Patients suffering from hypertension and cardiac disease sometimes fail to comply with their medication regimes. It is easy to forget to take medicine regularly, particularly if you do not feel ill, and for people who go to work, it can be hard to remember to take one's medication at specific times during the day.

Some people "forget" their medication because of the side effects they experience. In such cases the pharmacist could intervene and refer the patient back to the doctor; better still, the problem could be discussed with the patient's GP and an alternative treatment avoiding undesirable side effects suggested.

Pharmacists can also help compliance by suggesting the use of some form of compliance aid to use when away from home.

It is also important to remember that some drugs lose their effectiveness, for example, GTN sublingual tablets have a limited shelf life once opened and need to be replaced regularly if they are to be used in an emergency.

Patients should be reminded of the need to avoid grapefruit juice when taking certain calcium channel blockers, eg nitedipine, which can cause an increase in the plasma concentration of the drug. We have also recently been reminded that grapefruit juice can have the effect of reducing levels of some drugs in the blood. This could lead to potential concerns about toxicity or lack of efficacy. Pharmacists should remind their patients of this, as some people do not always give serious thought to such warnings.

By developing specific schemes aimed at helping patients who suffer from hypertensive disease or cardiac and associated disorders, community pharmacists could enable many people to live for longer with a better quality of life. People who were unaware that they were suffering from any possible life-threatening disease will benefit from having these services available to them at their community pharmacy.

Accidents

Accidents are another area where the Government is aiming at a reduction of a fifth by 2010. Some of the reasons for this target being a national priority are:

a) more than one person every hour died of accidental causes in England during 1996

b) the 1996 Health Survey for England estimated that the annual accident rate was 21 for every 100 adult men and 15 for every 100 adult women. Among children aged two to 15 it was 31 for every 100 boys and 22 for every 100 girls

c) treating injuries costs the NHS in the region of £1.2 billion each year

d) accidents are the greatest single threat to life for children and young people.

e) accidents – particularly falls – are a major cause of death and disability in older people.

It was also shown that serious accidents often result in people suffering prolonged distress and a poor quality of life, so there is much to be gained by reducing the incidence of accidents in all age groups.

There are many ways in which Government and Local Authorities can tackle the social, economic and environmental problems in an attempt to achieve their target to reduce the number of accidents recorded. Pharmacists can play their part by counselling vulnerable people when they visit the pharmacy with their prescriptions, giving them information and advice, and alerting them to the possible side effects of their medication which could have caused them to be unsteady. This would help to reduce the chances of them suffering a fall, which in many cases results in fractured bones.

This awareness is particularly significant to people who may be affected by osteoporosis, as their bones fracture more readily because of their weakened condition.

Medication

Medicines can cause unsteadiness in some people, leading to accidents. Side effects of some medicines – such as unsteadiness, dizziness, confusion – can result in falls, particularly in the elderly. When handing out medicines, pharmacists should always warn patients about this possibility, impressing on them or their carers, the need for extra care when moving about while taking such medication.

The types of medication that may affect patients in this way include hypnotics, anxiolytics and many of the antipsychotic drugs. Drugs used to treat depression can also produce similar side effects. Many antihypertensive drugs and

Continued on PIV→

Summary of 'Our Healthier Nation' priorities

The proposals put forward last year in the consultative Green Paper 'Our Healthier Nation' identified two of the Government's key aims.

1. To improve the health of the population as a whole by increasing the length of people's lives and the number of years people spend free from illness.
2. To improve the health of the worst off in society and to narrow the health gap.

Health Authorities will identify local needs to achieve these targets. Local Authorities will aim to promote the economic, social and environmental aspects of their areas. Businesses will aim to improve the health and safety of their employees. Individuals can take responsibility for their own health and voluntary bodies can give a powerful voice to local people.

Community pharmacists are expected to contribute to the success of the programme and Local Pharmaceutical Committees have been discussing how this can be done.

The Government's targets for the Health Improvement Programmes (HIMPs), which have been set for 2010, give priority to the following:

a) heart disease and stroke
b) accidents
c) cancer
d) mental health.

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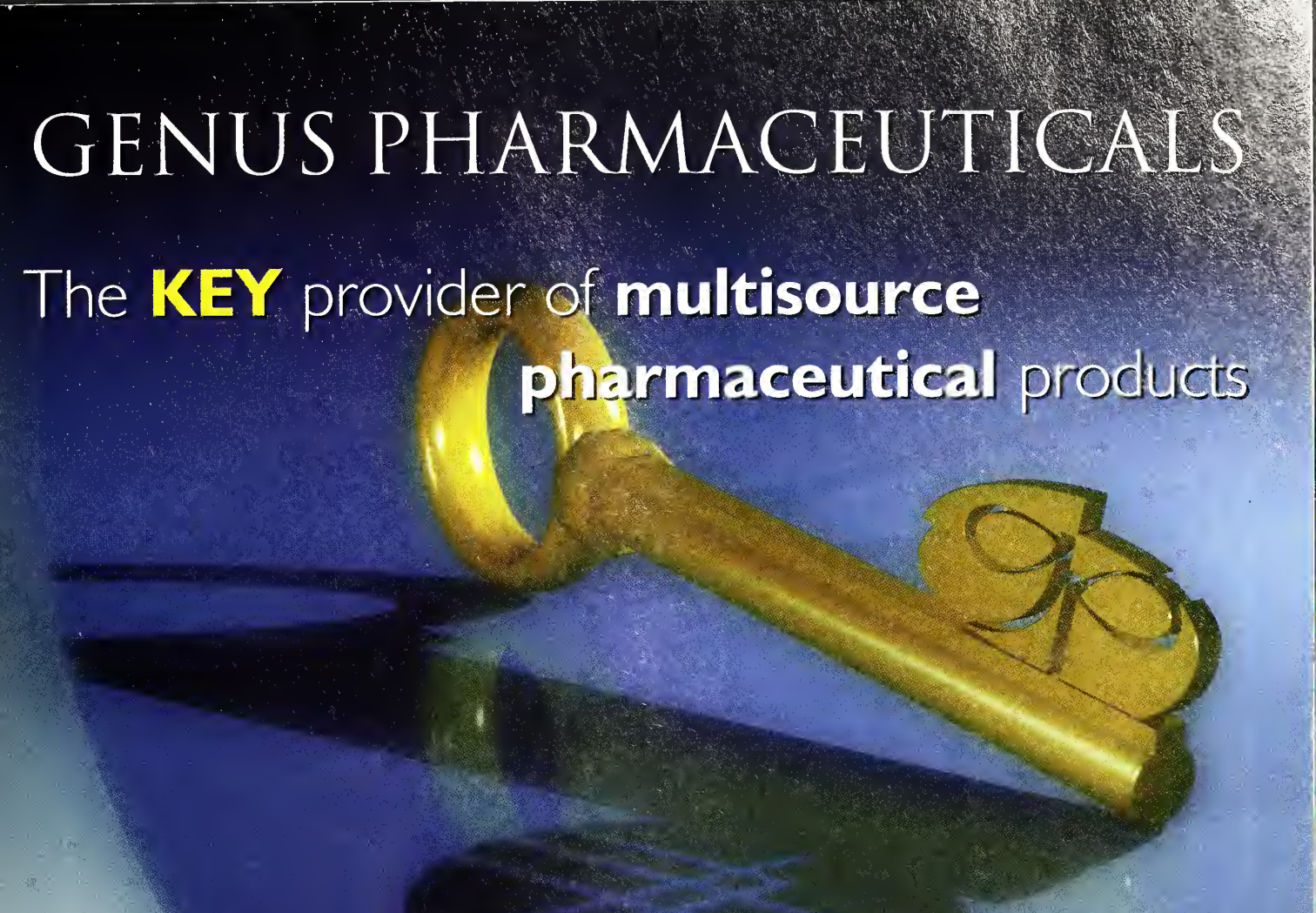

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Continued from PII

some drugs used in the treatment of heart conditions may also produce similar symptoms causing unsteadiness and dizziness. Again, patients should be made aware of the possibility of this happening, particularly when the treatment is initiated or when they get up from a chair or turn around quickly, causing them to temporarily lose their balance and fall.

Osteoporosis

Osteoporosis can develop as men and women gradually start to lose bone in their mid-30s onwards. Women are more likely to be affected than men, particularly in the years following the onset of the menopause.

Osteoporosis is a natural part of ageing and by the age of 70, the density of the skeleton has decreased by about one third. As people grow older there is an increased risk of bone fractures particularly in the hip, wrist or femur, as well as the possibility of the development of curvature of the spine. Even a minor fall can cause a bone fracture in an osteoporotic person, so there is much to be said for more publicity and counselling about the causes of, and ways of preventing or delaying the onset of osteoporosis (for example, by the use of hormone replacement therapy).

Community pharmacists can counsel those people who they know to be most likely to be affected by osteoporosis, eg menopausal women, women who have had their ovaries removed, people who have received prolonged treatment with corticosteroid drugs or have been immobile for long periods of time. People who have suffered a hormonal disturbance, such as Cushing's syndrome, may also be affected. These are the people most likely to suffer fractures if they have an accident or fall.

Bone cannot easily be replaced, but bone loss can be minimised by taking precautionary steps such as:

a) taking plenty of exercise

b) ensuring a diet which provides an adequate intake of calcium, for example, plenty of milk and milk products, green leafy vegetables, citrus fruits, sardines and shellfish

c) taking calcium tablets in certain cases to supplement the diet.

Various centres have now been set up where bone density can be measured giving some indication of whether or not a person's bone structure shows signs of osteoporosis.

Through counselling people who are at risk of developing osteoporosis, pharmacists can help to reduce the risk of fractured bones in the future. And they can help provide a prospect of the maintenance of a reasonable quality of life for many older people who have taken steps to try to prevent further deterioration or a slowing down of the development of osteoporosis.

Accidental poisoning

- **Unwanted or surplus medicines**

Counselling patients about returning unwanted or surplus medicines to the pharmacy can help reduce the incidence of accidental poisoning.

Pharmacists should also try to persuade patients not to hoard unused or unwanted medicines in their homes. When patients' medication is changed or discontinued they should be encouraged to return unwanted medicines to the pharmacy. It is safer for surplus medicines to be disposed of by the pharmacist to avoid any confusion with other treatment in future which might involve incompatibilities or inadvertent overdoses by themselves or other members of the household. It is also important for all medicines to be kept in a safe place where they are inaccessible to young children. This is essential, whether it is the children's own home or a home visited by children.

Children should be educated about such dangers, as well as about drinking from bottles discovered around the house – in the bathroom, kitchen or garden shed. Parents should be regularly reminded about storing medicines and other toxic substances in a safe place.

Pharmacists can carry out projects locally to warn young children – and their parents – of such risks. In South Lancashire, the Local Pharmaceutical Committee, with the support of the Health Authority, has recently run a poster competition among the primary schools in the area.

Pupils were invited to draw posters warning about the need to keep medicines in a safe place, out of the reach of children. Entries were submitted in three groups between the ages of five and 11 years and prizes were awarded to the winners and runners-up in each group. The safety message came across very forcibly – even the youngest age groups knew how important it was for medicines to be kept in a safe place, inaccessible to young children, and never played with.

The winning posters have been professionally reproduced and will be distributed to schools, GP surgeries, libraries, clinics and pharmacies throughout South Lancashire. In this way young children (and their parents) are getting the message about the dangers of swallowing substances not intended for their use and the number of accidents and hospital admissions should be reduced.

- **Out of date medicines**

Pharmacists should make an effort to impress on patients that some medicines deteriorate as they get beyond their expiry date or if they have not been stored correctly. Patients may think that however long they have had their medication, it will remain effective. In an emergency they may panic when they find that their medication has lost its effectiveness and fails to give them the relief they originally experienced. By clearing out and disposing of old and out of date medicines, this risk can be minimised. The need to call for help will be avoided – particularly when for example, very old GTN tablets fail to relieve an attack of angina.

- **Over-the-counter medicines**

Accidental overdoses could be avoided if pharmacists were able to check any OTC purchases made by their regular patients (another point which demonstrates the advantages of patient registration). OTC medicines often contain aspirin, paracetamol or ibuprofen, but the customer may be unaware of this – or may not even think about it. Patients should be counselled about this possibility if such accidents are to be avoided.

Undesirable consequences may also result when a patient forgets that they had been warned not to take medicines containing aspirin by mouth due to possible gastro-intestinal bleeding or even, on rare occasions, severe haemorrhaging. A timely reminder will avoid such a traumatic experience.

C&D *is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.*

ACTION PLAN

1. In your practice workbook, write a protocol to approach your clients with a view to screen them for one condition (eg hypertension or hyperlipidaemia).
2. Using this protocol, develop a submission to the local health authority for funding for such a project.
3. If you fail to secure funding, calculate if it is profitable to run a cholesterol screening programme in your pharmacy. Remember to include all costs, both seen and unseen (time, set up costs, area devoted to test, potential loss of clients/scripts as you would be involved elsewhere).
4. Using your PMRs, try to audit hypertensive drug prescriptions in terms of compliance.
5. Make a list in your practice workbook of all the medicines which may cause an accident (due to reduced response time, lack of co-ordination etc).
6. Using this list, discuss with staff responsible for handing out prescriptions which drugs and patients should be targeted with appropriate information.
7. What questions are appropriate to ask females to ensure they are aware of the problems of osteoporosis? How about your male customers? Develop a protocol to train staff on what advice to give.
8. Select 20 patients who are subject to polypharmacy. Think about how you can persuade them to return unwanted medicines to your pharmacy. Carry out a small audit to see how successful you are.

PHARMACY update: distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the July 10 issue, which will the two CPP-accredited modules in the June 5 issue, together with the one in the June 19 issue.

In other words:

- Functional foods (1128)
- Our Healthier Nation – Cancer (1129)
- Addiction I (1130).

A fax-back service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

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GENUS PHARMACEUTICALS

A question of honour

Honour and dignity are two principles that pharmacists have to work by. Ruth Rodgers, consultant pharmacist and former head of ethics at the Royal Pharmaceutical Society, explains what this means in practice

Principle Two

A pharmacist must uphold the honour and dignity of the profession and not engage in any activity which may bring the profession into disrepute

The first article in this series explored some of the issues surrounding Principle One of the Royal Pharmaceutical Society's Code of Ethics. It is this principle which positions pharmacy as a profession as opposed to a trade and forms the basis for the day-to-day practice of pharmacy. Following on from this is Principle Two, which deals with the status of a profession and the conduct expected from its individual members.

Professions are accorded a special status within society by virtue of the specialist knowledge and skills possessed by their members. Part of that status is the trust placed in the professional. Not unexpectedly the client assumes that the professional will use those skills to the client's benefit and will not mislead or take advantage of the client's lack of knowledge. In addition the conduct expected of the professional has traditionally been required to be seen to be above that required by an ordinary member of the public.

Principle Two of the Code of Ethics relates to the expected behaviour of members of the profession both within the working environment and outside it. This principle has only three obligations and a small amount of guidance to support these; compare this with Principle One, which has 26 obligations and numerous pages of often very specific guidance.

Behaviour

In the work situation the pharmacist is, quite rightly, expected not to take advantage of the customer's lack of expertise and knowledge about matters pharmaceutical. Obligations 2.2 and 2.3 with their accompanying guidance notes are short and to the point. They need little explanation or example to illustrate the concerns expressed.

It is not the pharmacist's role to exploit the patient/customer and any situation in which a pharmacist's name, qualification etc is used to promote medicines in a way which may be misleading or fraudulent is deemed unacceptable. More specifically, a pharmacist who has gained a doctorate qualification is prohibited from using this in a way that might suggest to the public that they were, in fact, medically qualified.

Outside of work

Perhaps more difficult to accept is the view that the actions of an individual away from the workplace can impinge upon their professional standing. Obligation 2.1 refers to 'reasonably accepted standards of behaviour'. The guidance then goes on to state that: 'Any breach of the law, whether or not directly related to a pharmacist's professional practice, may bring the profession into disrepute and be considered to be misconduct.'

So it is that pharmacists can be brought in front of the Statutory Committee for offences committed away from work and which have apparently no relationship to the manner in which they conduct themselves in the pharmacy. In fact, the police are obliged to notify the Statutory Committee of any conviction concerning a member of the Royal Pharmaceutical Society.

In practice, pharmacists convicted of more minor legal infringements, eg speeding under the Road Traffic Act 1998, are not further taken to task. However convictions or acts which detract from the public vision of pharmacy as a dependable and upstanding profession in whose members they can safely place their trust may result in an inquiry being made into the individual's fitness to remain on the register.

Pharmacists have been struck off the register following convictions for criminal damage, indecent exposure, theft, common assault and sex offences. Other convictions that have led to inquiry by the Statutory Committee include insurance fraud and drink driving offences.

Even when the courts or the police have deemed a pharmacist's action suitable for a conditional discharge or an adult caution, penalties that are not deemed to be convictions for the purposes of the Statutory Committee, further enquiries may be made by the Society and these may result in disciplinary proceedings. Indeed, on occasion pharmacists have been struck off the register when no criminal proceedings have been instigated.

Example

As an example, consider the situation of a pharmacist who is discovered by his employer to have been taking money from the safe for his own use without permission. When challenged, he admits to taking £100 on a single occasion, but claims that it is a loan until the next working day since he could not get to his bank until then. No IOU note was left in the safe and no member of staff was called upon to witness the amount 'borrowed'. The pharmacy owner was aware that small amounts of money had 'gone missing' from the takings in previous weeks and was now convinced that the employee had been responsible.

Eventually the pharmacist admitted that he had taken the money on the single occasion only and had not intended replacing it. The pharmacy owner did not wish to involve the police and so resolved the matter by dismissing the pharmacist and informing the Society of the events, believing that other members of the profession should be warned about his former employee who had let the profession down.

Similar cases have from time to time progressed through the Society's Infringement Committee and eventually resulted in an order for the pharmacist concerned to be struck off the register.

Summary

To summarise then, Principle Two is concerned with any actions by pharmacists that might be thought to reflect badly on the profession, reducing the public trust both in that pharmacist as an individual and in the profession of pharmacy as a whole. The action may relate to the performance of professional duty as in the example above. However, it may be totally divorced from the professional role, as in the recently reported case of a pharmacist who was struck off after being convicted and imprisoned for beating his wife and keeping her prisoner.

A quick fix

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1132), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* JULY 10, PROVIDES ONE HOUR'S CONTINUOUS EDUCATION.

OBJECTIVES

- To be aware of the roles of drug and non-drug treatment
- To be aware of treatment options for opiate dependence
- To know how to calculate a methadone starting dose
- To recognise treatments for addiction to various drugs
- To appreciate the pharmacist's role in treating drug addiction

In the second part of an article on addiction Dr Rod Tucker, pharmacist and director of the Freelance Needle Exchange scheme in North Lincolnshire, discusses how the problem can be managed

As the majority of drug users are dependent on heroin, drug treatment services have been directed towards helping these clients. Nevertheless, treatment agencies see clients who use a wide range of different substances, some of whom are multi-drug users. All clients will be assessed and asked questions about their drug use, such as how much they use, how long they have been using and what drugs they take.

While the ultimate objective would be for the client to become drug-free, this is not always realistic, and so goal-setting and the mutual agreement of a treatment plan are required. One initial goal might be to reduce the level of injecting and hence the harm to the client. While it is easier to consider drug and non-drug treatment separately, in practice most clients receive both.

Non-drug treatment

The mainstay of non-drug treatment is counselling, which can be helpful and provide clients with much needed support during a very difficult time. For someone to modify their drug-using behaviour, they must be prepared to change as, without motivation, no progress can be made. In 1986, two US psychologists, Prochaska and Di Clemente, developed a model to define the various stages that clients will move through in order to change their behaviour and hence their willingness to reduce their drug use.

This 'cycle of change' is illustrated in the first part of this article (*C&D* June 19, ppI-IV), and includes some comments that drug users might make at the different stages. It applies equally well to any drug dependent user. It is crucial, when clients have reached the maintenance stage, that they can stay there. In practice, this can be very difficult unless they change friends or move away from an area for some time, as old friends and places can provide powerful cues which could result in relapse.

Motivational interviewing is a form of counselling that attempts to encourage clients to change their behaviour and attitudes to drug use, and can be used initially when clients are at the 'contemplator' stage to affect changes in behaviour.

Other approaches involve self-help groups, such as Narcotics Anonymous, which try to get clients to accept that they have a problem and work towards becoming drug-free.

Drug treatment

Drug based treatments are tailored to suit the needs of the client and will clearly differ depending on the substance abused. The following is a brief overview of the main treatment options available.

Opiate dependence

The main treatment of opiate dependence is substitution therapy with methadone, and there are three broad treatment options: detoxification, stabilisation and maintenance. Detoxification is achieved by a gradual reduction in the dose, either over a period of a few days (normally as an in-patient) or more commonly by a gradual reduction of the dose of methadone, which can occur over

Continued on PVIII →

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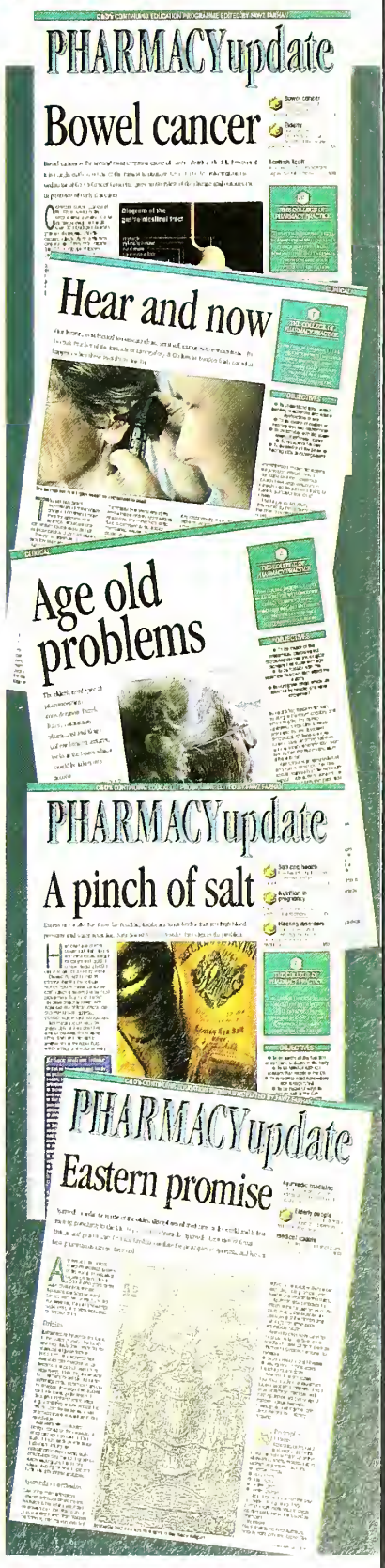

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Continued from PVI

several weeks/months. Stabilisation is important, particularly for chaotic users and attempts to bring the clients' drug use under control. It is not unusual, for example, to have a user who injects several times a day and whose life is completely dominated by the need to acquire a supply of drugs. Maintenance therapy is a pragmatic approach which accepts that while the ultimate goal is complete abstinence, this is sometimes unrealistic and hence long-term prescribing is necessary.

While many pharmacists and doctors are uncomfortable with the concept of maintenance prescribing, it can produce a new level of stability in clients' lives. It may have reduced their need to commit acquisitive crime to fund their drug habit or indulge in any other activities that were associated with the drug-taking lifestyle. In other words, maintenance prescribing is an aspect of harm minimisation and such clients should not be considered a failure – for them, maintenance treatment is a success.

Calculating a starting dose of methadone

This can be difficult to determine and depends on the amount of illicit heroin used and the route by which it is taken. The aim of treatment is to provide a dose which does not give rise to withdrawal symptoms or cravings for opiates.

As a rough guide, some practitioners will start with 20mg of oral methadone, observe patients for signs of withdrawal or intoxication and if still present two to four hours later, increase the dose by 20mg up to a maximum of 50mg in 24 hours. Over the following two to three days the dosage will be adjusted to control withdrawal symptoms. Broadly speaking, 30mg of intravenous diamorphine is equivalent to 50mg of methadone, although as the purity of street heroin varies, this is only a rough guide. Some opiate users might require up to 100mg of methadone to control withdrawal, although 40-60mg daily is sufficient for most users. After three days, the selected dose will be prescribed and clients can then either continue to visit the agency or nominate a pharmacy for future collection of their prescription.

Methadone can also be used for other opiates, like buprenorphine and codeine, as well as Collis Brown and Gees linctus. For example, a client dependent on 100ml of Gees linctus daily would require about 70mg of methadone.

Maintenance prescribing can bring stability to the drug user's life

Calculating the starting dose of methadone is not easy (see box left) and is always initiated at a treatment agency. Although methadone is unpopular with heroin users, as it does not provide the same buzz, it can reduce illicit drug use, criminal behaviour and syringe sharing. For more information on methadone, see the 'Methadone Briefing' in the further reading list.

There are other options for opiate users. Diamorphine itself can be used, and this has been considered recently in a trial in Switzerland with some promising results. Buprenorphine (Subutex) has been licensed recently in the UK as a treatment option and has been shown to reduce illicit heroin use. A longer-acting opioid, L-alpha-acetaxymethadol (LAAM) has been used in the US and can be given every two to three days. Dihydrocodeine is also used in some centres for helping to control withdrawal symptoms.

For a more rapid detoxification, alpha-1-adrenergic blocking agents such as lofexidine can be used. The reason for using lofexidine is to control the excessive adrenergic symptoms that can occur on opiate withdrawal, eg sneezing, watery eyes, runny nose, diarrhoea, chills and goose-flesh. Treatment is completed within seven to ten days.

Finally, there is the option of using an opiate antagonist such as naltrexone. This is generally used post-detoxification and will block the effects if opiates are taken. Unfortunately, the drug is expensive and should be taken for several months to prevent complete relapse.

2 Stimulant users

There is little that can be done for stimulant users apart from substitution therapy with amphetamine or treatment of the associated depression once drug use has ceased. In some studies, substitute prescribing with amphetamine has been successful in maintaining contact with clients and reducing illicit amphetamine use. Nevertheless, the advantages of long-term amphetamine use are not clear and so it is generally not provided as a treatment option in most agencies.

3 Benzodiazepines

High dose benzodiazepine use has become a problem in some parts of the country and the only recognised drug treatment is transferring clients onto an equivalent dose of diazepam with subsequent dose reductions over a period of several weeks. Alleviation of withdrawal symptoms with beta-blockers or antidepressants can also be helpful.

4 Miscellaneous

Treatment for other drug dependent users normally involves abstinence as there are no recognised withdrawal syndromes for volatile solvents, cannabis, hallucinogens or anabolic steroids.

Pharmacy role

Community pharmacies are an important first point of contact for many drug users, so needle exchange services and methadone dispensing are an ideal opportunity for pharmacists to become involved in helping such patients.

Supervised methadone consumption has allowed pharmacists to assume a greater level of involvement with drug users and the pharmacist can be a useful source of information for the prescribing agency on the clients themselves. Awareness of local drug agencies also allows pharmacists to direct anyone who asks for advice to the appropriate services.

Unfortunately, many drug users have caused problems for pharmacists. There has been shop-lifting and even violence against the pharmacy staff, particularly if the client tries to collect methadone on the wrong day.

Such actions do little to encourage pharmacy involvement with this client group, although on the whole problems are caused by a minority of people.

A working group report on the issues and problems with provision of pharmaceutical care and services to drug users was recently published. Treatment of drug dependent individuals requires a multidisciplinary approach. Community pharmacists, with sufficient support and resources, have the potential to extend their role and assume a much greater role in management of such patients.

Further reading

1. Gossop, M (1996). 'Living with drugs'. Ashgate, 4th edition.
2. Stewart, T (1996). 'The Heroin users'. Harper Collins, 2nd edition.
3. CPPE (1998). 'Drug use and misuse'. HMSO.
4. Preston, A (1996). 'The Methadone Briefing'. Andrew Preston/ISDD, London.
5. Report of the working party on pharmaceutical services for drug misusers, 1998.

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ACTION PLAN

1. In your practice workbook list the potential pros and cons for taking on 'registered addicts'.
2. Do you run a needle exchange scheme? Should you?
3. Do you dispense 'drug misusers' dependency scripts? If not, why not?

Further setbacks for drug budget curbs

Following its defeat in the courts over an attempt to force down drug prices (*C&D* April 10, p22), the new German Government's attempt to curb costs by introducing prescribing guidelines has also been thwarted.

The day before the guidelines were due to come into force, a regional court in Hamburg granted a temporary injunction to members of the German equivalent of the Association of the British Pharmaceutical Industry (ABPI), who objected to some passages in the document.

Rather than merely deleting the offending sections - which restricted reimbursement by the statutory health insurance schemes for a curious selection of drugs - the authorities withdrew the whole package.

However, the setback is undoubtedly only temporary, as the prescribing guidance was viewed as merely a foretaste of the 'positive list' promised for the next round of healthcare reforms in 2000, drafts of which are already causing great concern to pharmacists and prescribers alike.

The socialist Government has been accused of abandoning the age-old 'solidarity principle' in the German social security system, in favour of 'two class medicine'. The drugs list will only be applicable to those citizens covered by the statutory health insurance schemes, not those insured with private schemes.

Not surprisingly, in view of the Green Party's membership of the coalition, the positive list will also include homoeopathic, anthroposophical and herbal medicines. Pharmacists will once again be required to preferentially supply re-imports and parallel imports.

'Benchmarking' will be introduced to fix maximum allowable expenditure per head on drugs and medical sundries, depending on the age and sex of the patient. These benchmarks will be based on the three lowest levels of prescribing for these items recorded during the previous year, among the 23 regions of the statutory health insurance schemes.

Despite pleas to reduce prescribing, health insurers are reporting unsustainable and exorbitant increases in drug expenditure of up to 18 per cent in the first three months of this year. At such a rate, some commentators are predicting that drug budgets could be exhausted by October.

Turnaround for pharmacists' purchasing group

When a group of pharmacists joined together some years ago to form a joint purchasing and self-help group called Parmapharm, they were viewed with hostility and suspicion by the German pharmacists' umbrella organisation, ABDA, which is fearful of the advent of multiples.

In a remarkable turnaround, a previously critical ABDA representative recently attended the AGM of the now 430-strong co-operative and signalled a new start in its relationship with ABDA, saying that they shared the same goals of preserving independent pharmacy.

Parmapharm, which has concluded purchasing contracts with 50 companies, has at last shown a small profit, which will be distributed among its members. Since its rules include a measure of planned distribution, it now even has to turn some membership applications away.

Bayer covered for aspirin's birthday

To commemorate the 100th birthday of its most famous product, the headquarters of Bayer - the third tallest office building in Germany - was covered to look like a giant packet of aspirin.

A team of mountaineers zipped together 32 strips of cloth, each over 5m wide and 120m long, which covered a structure of pipes erected around the building, through which compressed air was then blown to keep the cloth taut.

Devotees of abseiling naturally had a field day while construction of the 22-ton steel framework was underway. At the end of the celebrations, the material was not wasted, but cut into 20,000 pieces, each 1m^2, and recycled to make carrier bags by a workshop for the disabled.

The cost of this massive undertaking has not been divulged, but perhaps Bayer regards it as money well spent - even today aspirin accounts for one third of the turnover of Bayer Consumer Care and 30 per cent of the research budget is devoted to the further development of acetylsalicylic acid.

The 14-day stunt also produced an entry for Bayer in the 'Guinness Book of Records' - for the biggest aspirin packet in the world.

New name, new role?

The advent of 'life-style drugs' such as Viagra, Xenical and others in the pipeline will bring fundamental changes to the pharmacist-patient relationship, according to a German professor of philosophy who took part in a brainstorming session at a recent pharmaceutical conference.

He said that nowadays there was no such thing as the literally patient patient, willing to put up with his or her symptoms in a fatalistic manner and grateful for any alleviation of suffering that modern medicine might provide.

The future patient will be a more demanding, less willing to wait 'client' of the healthcare providers. Incurable illnesses will be regarded as a leftover from former times, and the concept of an unconquered disease considered as a reactionary belief.

The professor accused today's pharmacies of being too closely associated with the sick population. Pharmacists were advised to move away from hospitals and surgeries and to locate themselves next to fitness centres, where they could help people rise to greater heights of achievement.

Future 'patients' will expect a drug to improve all aspects of life, to "transfigure" their outward appearance and to make them "immune" to changes in their external environment. Hence the need for the future pharmacist to act as a "socio-ecological and immunological adviser", and for the pharmacy to become a "pharmacological boutique".

The huge increase in prescription and OTC sales of St John's Wort in Germany is seen by some as a step in this direction, with herbal preparations dubbed as the country's 'Happy pills'.

More threats to community pharmacy

A university hospital intends to privatise its pharmaceutical activities by closing its pharmacy. The task of supplying drugs for both in-patients and outpatients is to be switched to a newly built pharmacy in the hospital grounds, which will also be open to the public.

The cost-saving move (the health authority already owns the land on which the new pharmacy is to be built) has angered local pharmacists who complain it represents unfair competition.

It has also worried the profession's leaders who believe the initiative could set a precedent for other hospitals to break the current regulations governing the establishment of pharmacies.

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Data with an English accent

NDC Health Information Services is going through a period of consolidation after acquiring three UK pharmacy computer system suppliers, reports Charles Gladwin

The arrival of the US company National Data Corporation in the UK market two years ago was both opportune and unfortunately timed.

Pharmacy and the Health Service were on the verge of a revolution with information technology being seen as the way forward for pharmacists to extend their roles. But at the same time a mild hysteria was developing over the inappropriate access to, and use of, patient data.

That is where some might question NDC's motives, especially with the word Data in its name. But for 'data' read 'information'. "We started with electronic data interchange in the generic sense. Our expertise is in moving information electronically," explains managing director Nancy Briggs. So would the company ever want to collect and sell data? "I would never say never, but that's not something we are working on now and there are no immediate plans," she answers.

Being a large US corporation may prompt little Englander fear among pharmacists here. However, the UK operation pooh-poohs that idea, saying it is a "huge cliché", and it is countering this misperception by making sure it employs local knowledge. Of the 80-plus employees of the Droitwich- and Preston-based NDC Health Information Services, only Mrs Briggs has an American accent.

Within the UK, NDC entered the pharmacy market by purchasing Chemtec, Hadley Hutt and, more recently, John Richardson Computers. "We have a lot of core competencies as a corporation in the US," she says. "Rather than directly importing US products, we began to understand the market here and how we can use our skills."

NDC's operations and sales and marketing directors are, respectively, Simon Driver and Dr Julie Hales. Last month they went to the US to look at NDC's systems to see what could work over here. But to endorse the point made by the md, Dr Hales adds: "The company said it wanted to acquire local expertise. It really has and has listened to the views of its UK employees."

The NDC Health Information Services team (clockwise from bottom left): managing director Nancy Briggs, sales and marketing director Dr Julie Hales, financial director Sue Heap and operations director Simon Driver

Formerly JRC's deputy md, Mr Driver comments: "We are now a part of a big organisation that has a focused approach with an incredible amount of IT expertise. The knowledge we can call on now, we have never seen before, as NDC's core UK business has historically been delivering pharmacy computer systems alone."

In the US, NDC has developed systems for all types of healthcare providers and "we know how to tie them together". However, "there has to be a business case for doing those activities", stresses Mrs Briggs.

A local plan

The UK strategy has been to identify the strengths of each of its three component companies and to focus on delivering a professional system, initially for pharmacists.

The result is a 'best of breed' pharmacy computer system incorporating the best of each of the three computer systems NDC acquired, centred on the Sunrise programme developed by JRC. Being relaunched over the summer, it will be called NDC Pharmacy Manager.

Patient medication records have been the focus in the past, but this new product will provide a pharmacy management system, linking into the network that NDC will host. And although it is Windows-based, it is faster than the existing DOS systems.

NDC remains committed to maintaining existing products, but it is also combining the systems and services of the three companies to offer more developments for its new system. "We now have the best application for pharmacy," says Mr Driver. "The next stage is connecting everyone electronically."

The product was built with a variety of existing systems, such as the NHSnet and Read Codes, in mind. "A fifth of the framework is currently not used, but we have built it with the doors ajar." This new generation 'future-proofed' outfit should, therefore, be able to respond to developments without becoming instantly obsolete.

Details are now starting to appear from the Government about what standards it will require for electronic data exchange. But the NHS White Paper was not clear on whether there will be a project on linking pharmacy electronically into the NHS in 2001 or whether there will just be a meeting about the project. And pharmacy remuneration methods - whether the current system will remain or paid medicines management will happen - will also have huge implications on the role IT plays within pharmacy.

In an aside, Mrs Briggs says electronic prescribing may not be the be all and end all that is feared or hoped in the UK. "We have had a system in the US for three years that has electronic prescribing, but it's not successful as the doctors were slow to accept the benefits." Someone will have to prove that there is a real business case for pharmacy for it to be properly developed - either that or the Government has to mandate it.

Rather, NDC's main interest is in supplying the means of transferring data/information electronically in a generic sense - to provide the links, infrastructure and equipment, so that the user does not have to worry about configuration or compatibility between all the different systems that exist. "We will be able to provide links for our customers as they want and need them," says Mrs Briggs.

These virtual private networks, akin to intranets, could, for example, provide the network to link a group of shops together or link to the wholesaler or eventually the pricing authorities. But Mr Driver emphasises that the information flowing between pharmacies will be about the pharmacy business and not the patients. "We are not talking about patient data. All we want to be is like a rail track," he says.

Functions

Dr Hales believes pharmacists will benefit from working with a company like NDC because it is committed to re-investing profits in product development. She cites the new

Continued on P24 →

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→ Continued from P22

Windows-based pharmacy management system, NDC Pharmacy Manager.

"We feel very strongly that pharmacists need to use the management information they generate from their systems in order to benefit from them. We can help them to do that by managing it for them," she says. Pharmacists also want a mixture of professional and business support. NDC's system will be able to provide that, she adds. For example, the system can generate an FP34 for a pharmacy business, showing the size of the payment the contractor can expect from the prescription pricing body.

Professionally, the system can issue information leaflets as part of the dispensing process. NDC has data indicating that pharmacists who provide this sort of patient support will see a return in an increase in prescription numbers. It would allow nursing home staff to be given the same information as for an individual patient, and there is also a compliance module to alert the pharmacist if a patient is getting through the medicine too quickly or slowly.

Other examples of its functions include monitoring the number of owing items on a drug and making sure it is ordered, or looking at traffic flow through the dispensary to improve staffing levels. It can highlight the fastest moving product lines for a chain or specific pharmacies within that group, and act as a message linking pharmacies so they have information at the same time.

> "The flow of information will be about the pharmacy business, not about the patients"

NDC's US switching system is capable of processing 500,000 transactions per second, but the UK system does not need to operate in real time at present, so a dial up system is suitable. The need for an interactive system will come, at which point options such as ISDN links would need to be considered.

Although not setting a price, Mr Driver points out that the cost of systems has come down hugely over the years. NDC will have to be competitive, "but we cannot devalue our products". Currently the system requires a P75 or higher PC with at least 16MB memory and preferably a CD-ROM drive. And as DOS system users may be "a little bit phobic" about using a mouse, most functions use key strokes.

Linking to the NHS

Pharmacy links to the NHSnet may still be uncertain, but primary care groups are already starting to set up their own intranets, although a variety of systems may be adopted without any standards in place. Should pharmacists be considering asking if they can link up to the PCG in the meantime?

"That's one of the main points about having our network," says Mrs Briggs. "Rather than the individual pharmacist having to figure out how to link, we want them to 'press and go'. That's one of the things we know how to do, while still giving the feeling that the user has a private net." Pharmacists may have a low level of IT expertise, but with all the connection requirements that may develop in a very short time, NDC says it can do that for them.

The secure network NDC wants to provide, where individual pharmacies can talk to each other inside and outside their group, to doctors, NICE or pricing bodies, is similar to that of the NHSnet. However, it would allow management information through too, which the NHSnet would not want to have to transmit.

First steps

Mrs Briggs says: "We need to walk before we can run in the UK. Part of our strategy is to provide local services and we want to provide a system that is local to the UK." Yes, the company will look at providing networking systems for all health professionals, but from the viewpoint of pharmacy. "From our stand point, we have a very large advantage as we have the expertise and backing of a large corporation, but we have a very clear focus here."

Not all of NDC's business is about the computer system or establishing the network. Hadley Hutt was involved in looking at pharmacy touch screen information points. NDC has continued this and was involved in providing the screens for a pilot in Sheffield (*C&D* April 24, p5). The company has two EPoS systems and is looking at strengthening its retail management software.

"Our marketing approach will be to make sure that pharmacists and other healthcare professionals know who we are," says Dr Hales. "Our systems can be a marketing tool for pharmacists. We hope they will help pharmacists market themselves to patients."

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Make a pest of yourself

It's easy to feel you are being swamped by events beyond your control. One solution is to plan ahead by anticipating – through educated guesswork – what could happen in the future. Dr Rob Pocock reports

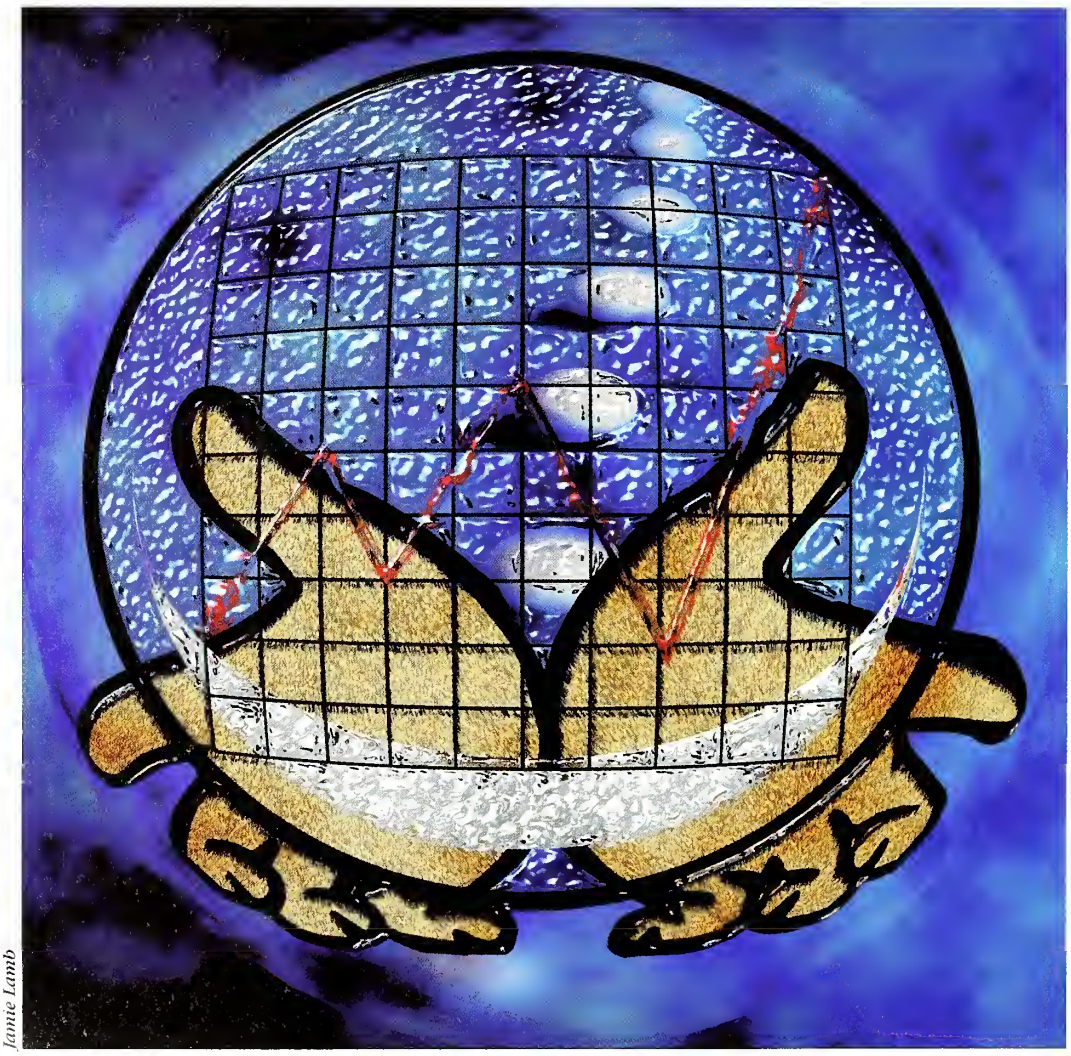
Planning for the future can sometimes be a bit like shooting in the dark: who knows what's going to happen next? New powers for GPs, nurse prescribing, another dose of clawback? Sometimes it seems there is a damn good case for a stint of putting your head in the sand!

But no business can expect to flourish without staring the future right between the eyes. Good foresight is the backbone of sustained business success. And the more rapidly the business environment is changing, the more crucial is the competitive advantage gained from good business planning.

So what tools are there in the business management armoury to help the pharmacy proprietor plan well ahead? The answer lies in the simple word PEST.

Don't be phased by the seemingly chaotic jumble of events looming over the community pharmacy practice. Focus your thinking on four different business pressures: political, economic, social and technological (PEST).

All well-planned business leaders use the 'PEST analysis' to try to work out what the business environment of the future is going to be. It's simple once you get the hang of it and you certainly don't need to pay expensive consultants to do it. Take four blank sheets of paper and write 'political' on



Jamie Lamb

top of the first. Now spend no more than 30 minutes, thinking ahead five years (yes, that's summer in the year 2004) and jot down all the factors stemming from the political sphere of life that could have an impact on your pharmacy over that period. Will there be a change of government? If the current lot are still there, what are they likely to be wanting to see pharmacy doing? Where is community pharmacy going to sit within the NHS? What is the Government's likely future attitude to small business? What is your local council's policy for your neighbourhood? Will they be doing a regeneration scheme in your shopping centre? Or improving the bus services? Or demolishing a nearby estate? Or releasing open space for new family housing? What about future legal requirements on your business – will there be tighter employer liability constraints and will your current insurance cope?

> **"A PEST is a pain, but it is the best way to help you decide where you want to go"**

The next sheet is 'economic'. Spend another 30 minutes brainstorming the future. What economic pressures are going to affect your business? Are you facing a rent review? Will you need to start paying the counter staff more? Will the level of the national minimum wage be going up and will there be impacts on your payroll costs?

Perhaps you will have paid off that loan and will have more cash to put back in the business. Will your working capital reserves be better or worse? What capital replacements will be needed? What is the effect of a continuing reduction in the remuneration for supply? What new lines of income might be available, such as professional extended role services? What could they be worth?

Another economic dimension to consider is the future shape of the community pharmacy economy. What structural changes are occurring? Will supermarkets continue buying up contracts? Will the multiples continue their acquisition strategies and where does your own shop stand in all this? Do independents have to tie in with the likes of Numark and Vantage to strengthen their support infrastructure? How about considering the merits of extending your own holdings? Would your business operation be stronger or weaker as a result? Where might you get the finance? What else?

The third sheet covers 'social' areas of change. Are older people in your area moving out and younger families moving in? How will this affect demand? Is there a steady shift in the ethnicity of your local clientele and what are the implications? If people are using the hypermarket more often, will you still get passing trade? Are customers becoming more affluent and are they looking for 'higher value' goods? Do customers prefer to spend more time or less time in your store – and how can you accommodate this? Are more coming by car and fewer on foot? What are the implications of this? If more people are working from home in future, is this going to be good or bad for your trade? What else?

Finally, you need a sheet headed 'technological'. How is technological change going to affect your pharmacy? Suppose we get electronic transfer or prescriptions – are you geared up for it? How easy is it for you to get EPoS data on your sales? How will you organise your pharmacy to cater for private e-mail requests about OTCs? How do you counteract increased use of direct mail-order by suppliers? Will 'hole-in-the-wall' dispensing become an option?

Is cable broadcasting coming to your neighbourhood – and could you use it to get more business? What might be the developments in 'touch-screen' in-store health advice? What else is happening on the technological front?

So now you've spent two hours on your PEST and you've got four sheets of notes. It is your map of the future terrain within which your business is likely to have to operate. It does not in itself tell you where to go, but it should help you decide on the best route forward. It should also warn you about rocky passages ahead and maybe indicate if there are easier ways around. The secret is to use it creatively, not as a blueprint.

Good business planning is an art as well as a science, and now is the time to let the creative juices flow. Your PEST is the backcloth on which to 'paint' your business plan. The basic essentials of a good business plan are the subject of a future article, but a good point at which to leave your PEST is to grab a fifth sheet of paper and put a final 30 minutes into 'visioning' where you want your business to be in five years' time, given the business environment for pharmacy you have described in the PEST.

Don't forget – a PEST is a pain but it's the best way to help you decide where you want to go.

Dr Rob Pocock is chief executive of MEL Research.

IN BRIEF

UK OTC sales dip 1pc

OTC sales in the UK fell 1 per cent to $867 million (£545m) last year, and the global OTC market grew 7.4 per cent to $45.1bn, reports IMS Health's annual OTC review. More consumers are using herbal drugs as antidepressants. UK sales of St John's Wort, for example, rose 133 per cent last year.

BioReliance expands plant

BioReliance, a US company specialising in drug validation, has completed a £2.4m expansion at its Stirling plant, and will be recruiting 70 more employees.

Camrx roadshow

Pharmacy buying group Camrx recently held its first road show with UniChem at the Stakis Hotel in Leicester. The event included presentations from Peter Skinner, UniChem's marketing controller and Mark Hastings, commercial executive of Eldon Laboratories.

Organisers scrap Zone ideas

New Millennium Experience Co (NMEC), which is building and operating the Millennium Dome, has scrapped plans to install activities within the Body Zone that would enable visitors to experience the sounds and movements of bodily functions. It has commissioned John Hackney, a television commercials producer, to come up with new ideas. Boots the Chemists said its own plans had not been affected by NMEC's decision.

Web site for information system

Bishops Waltham-based company Information Distribution Service has set up a web site to give information about the Waiting room Information System, which uses leaflets to promote pharmaceuticals and related services to patients. The address is: *www.w-i-s.com.*

Biocompatibles to raise £18m through share offer

Biocompatibles International (BI) plans to raise around £18 million by issuing about 22 million new ordinary shares, priced at 90p each. BI will invest the money in its core eyecare and cardiovascular divisions.

The company said the funds should finance its operations for at least 12 months - its placing and open share offer of £29 million, announced in spring last year, provided enough cash to pay for its activities up to the end of this year.

The company's prospects seem to be improving after a stormy few years: Johnson & Johnson refused to license its phosphorylcholine-based (PC) coatings in 1997 and, last year, its president Alistair Taylor was asked to leave.

BI has now positioned itself to enter the Japanese market, following a distribution agreement with Japan Life Line, which produces cardiovascular products. Japan Life will distribute BI's Biodiv Ysio cardiovascular stents; it has also bought nearly 1.4 million BI shares for £1.25 million, and has agreed to fund and manage clinical trials to gain Japanese regulatory approval for the stents, which are expected to be launched late next year.

Biodiv Ysio small vessel stents, meanwhile, have been awarded the CE Mark of approval. And it has signed a deal with Specsavers, the optician chain, to provide own-label contact lenses.

In the year to December 31, 1998, BI's sales rose 11 per cent to £16.2 million.

UniChem sales force and MAS get a revamp

The Moss Advisory Service is being relaunched to UniChem's pharmacist customers. The wholesaler is also introducing a new structure for its sales team, with an emphasis on local service.

New MAS manuals are being distributed to Community Pharmacy Initiative and group customers, while other accounts will have to pay £25 if they want the up-to-date reference file.

"The charge is negligible compared to the value of information the manual contains," said UniChem sales and marketing director Martyn Ward.

The category management advice in the slimmed down manual has been improved and simplified. It will be updated quarterly. There will also be an element of practical support for 'baby centres' that UniChem is trialing with Cow & Gate and Procter & Gamble, which are intended to provide some "in-store theatre" to encourage customers to purchase.

Available for the first time will be the MAS category average performance report. This is intended to complement the Tactician demographic package launched last year, and allows for comparison of an independent pharmacy's OTC sales against an average Moss branch.

The report is drawn up using a sample of 400 Moss outlets, and comparisons can be made against different types of business, such as health centre pharmacies, or High-Street or suburban businesses.

The sales force re-organisation sees the creation of a centrally controlled national accounts team and a 22-strong regional team of pharmacy development managers (PDMs).

The latter group will report to branch general managers and have a dual role in providing business advice and detailing special offers to UniChem's 5,700 customers.

"Branch managers can direct their sales team to fulfil local needs. Pharmacists want a local relationship to develop their business," said Mr Ward.

UniChem's Martyn Ward with the relaunched Moss Advisory Service manual

UniChem will be testing a new laptop presenter for PDMs in September which means personalised presentations can be made to each customer. PDMs will be promoting one OTC and one ethical product each month.

Building a bridge between manufacturers and patients

Alliance UniChem, with its interests in prewholesale and wholesale distribution, and retailing, sees itself as bridging the gap between manufacturers and patients.

It also counts itself very much as a European company, as opposed to one with subsidiaries across Europe, said managing director Chris Etherington.

Its prewholesale business, set up two years ago with United Drug, has 28 contracts with major manufacturers in the UK, Italy, Spain and Portugal.

It has 170 warehouses delivering to 42,000 pharmacies in six European countries and Morocco. It claims a 16 per cent share of the European wholesale market, where it fills the number two spot behind Gehe.

However, said Mr Etherington, Alliance UniChem is the leading player in Southern Europe. "That is a developing market in healthcare, some 15 years behind the UK ... the [countries] are emerging markets where growth is going to come from."

On the retail side Moss has grown under UniChem's ownership from a 94-pharmacy chain in 1991 to 583 outlets in the UK. Abroad, UniChem has bought seven pharmacies in Italy, and that number is expected to increase.

UniChem converted from a friendly society to a plc in 1991. Despite the dilution of its shareholding by the merger with Alliance Santé in 1997, Mr Etherington sees it as a sign of confidence that 16 per cent of its shares are still held by UK pharmacists.

Alliance UniChem's corporate goals still have a distinctly European flavour. Simply, they are to:

- expand in Europe
- in-fill in countries to increase market share
- rationalise in France and Italy
- innovate in mature markets such as the UK.

Market share in Italy has grown from 18 to 25 per cent in the past year, while the number of depots in France is set to drop "very quickly", said Mr Etherington. And Northern Europe? Questions about Scandinavia are neatly side stepped, suggesting this is an area to keep an eye on.

Stock Exchange censures British Biotech

British Biotech (BB) has been censured by the London Stock Exchange's quotations committee for failing to tell investors immediately that European regulatory authorities could not approve Zacutex, BB's treatment for acute pancreatitis.

BB had submitted Zacutex for a marketing authorisation application to the European Medicines Evaluation Agency in early February 1997. On two occasions - May 8 and June 24, 1997 - BB received reports from experts affiliated to the European Medicines Evaluation Agency, who explained why they could not recommend the drug's application.

Yet BB subsequently issued public announcements that gave people the idea that Zacutex's application was progressing smoothly.

BB also failed to tell investors immediately that it had decided to amend its original application for an unconditional licence to an application for a conditional licence on grounds of "exceptional circumstances", and for a more restricted indication.

During this period, according to the committee, BB also allowed some of its directors to deal with its stocks when it was in possession of unpublished, price-sensitive information about Zacutex's application.

As companies must ensure that the information they release should not be misleading nor inaccurate, the committee said it took a "most serious view of the company's failure to comply with its continuing obligations of disclosure".

BB scrapped Zacutex this year after it failed to perform as expected in clinical trials.

The committee's censure is further vindication for Dr Andrew Millar, who was sacked as BB's head of clinical research when he publicly explained his doubts about Zacutex's performance. The company reached an out of court settlement with Dr Millar about three weeks ago, which exonerated him.

BB, however, refuses to accept the quotation committee's ruling, although it will not be contesting it. Chris Hampson, BB's chairman, conceded it had lessons to learn. "Every biotechnology company faces difficult judgements in reporting drug-related issues," he said. "We look forward to the forthcoming publication of an industry code of practice by the UK BioIndustry Association which we expect to give additional guidance to biotechnology companies on meeting their obligations under the listing rules."

BB, however, may never recover the heights it reached before the Millar controversy - in May 1996 its shares had been priced at 320p. Today they are 19p.

ADVANCE INFORMATION

'Health service communications preparing for and surviving the millennium critical period' on July 20, at the Rutherford Conference Centre, London W1. Contact: 0171 404 3040.

Drug and Therapeutics Bulletin seminar on 'Lifestyle drugs, quality of life, and UK drug provision: definitions and dilemmas' on July 21, at the Medical Society of London, London. Contact Kerry Little, tel: 0171 830 7571.

'National Institute for Clinical Excellence - delivering evidence based care - implications for managers and professionals' on July 27, at Harrogate Management Centre, Harrogate. Details from Liz Haw or Fiona Tweedy on 01423 506611.

National Co-operative Chemists has become involved in the Government's New Deal initiative, designed to give unemployed young people work experience and skills. Neil Slater, NCC's services controller, said the scheme fitted its strategy for recruitment and staff development: "Each of our new recruits follows an individual plan leading towards NVQ qualifications in both retail and dispensing services." (L-r) employment minister Andrew Smith, with Neil Slater

UK drug sales rise 8pc to £5.4bn

UK pharmaceutical sales rose 8 per cent to $8.6 billion (£5.4bn) for the year to April, reports IMS Health's latest drug monitor.

The increase matched that of Germany - the German market is worth $16.1bn - and was the third highest in Europe. Spain came top with an 11 per cent increase, followed by Italy with 9 per cent.

Cardiovascular drugs remain the UK's best-selling therapeutic category - their sales rose 14 per cent to $1.8bn. Central nervous system products also performed well with sales up 13 per cent to $1.5bn.

Blood agents, however, continue to be the fastest growing category. Their sales leapt 38 per cent to $77 million.

In contrast, anti-infective sales fell 4 per cent to $444m.

Global pharmaceutical sales for the period rose 8 per cent to $192.8bn. US sales were up 12 per cent to $77.5bn.

AdVal acquires Screen Science

The AdVal Group, a learning technology and training specialist, has acquired Screen Science to expand its market share in the pharmaceutical industry.

Screen Science, set up by Nottingham University's school of pharmaceutical sciences, supplies consultancy and multimedia services. Its clients include Boots the Chemists and Reckitt & Colman.

AdVal's acquisition was a paper offer of £70,000 in its own shares, valued at the flotation price of 65p. Screen Science could also receive additional AdVal shares worth up to £80,000, if it meets 14-month sales targets.

The group said Screen Science, which will operate as a subsidiary, will enable AdVal to offer multimedia production services to help companies market pharmaceuticals.

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Round and round the garden ...

If you've got it, flaunt it. It's a policy which seems to work well for Weleda, which attracts an increasing number of visitors to its open day every year. Over 2,000 adults, many with children, came to look around Weleda's main plant growing site at Shipley, Derbyshire, on June 20.

Visitors who had the energy could take the shuttle to the company's factory in Ilkeston, where they might have discovered a stained glass window featuring Weleda, who (as we all know) was an early European healer.

With pollen counts at an annual high, hay fever was high on the list of inquiries directed at Weleda's pharmacists who manned a natural health advice centre. Health professionals and retailers could exercise the brain cells at a series of lectures such as 'Natural medicines for animals' by vet Alan Slater.

The *crème de la crème* of the OTC industry: Clare Graves (Crookes) and Glyn Clarke (Warner-Lambert) were the highest scorers in the PAGB's Professional Learning Programme exam in March and November, 1998, respectively. They were presented with the awards at the PAGB's annual dinner last month, by outgoing president Dieno George (left) and chief executive Sheila Kelly (right)

John Allen

A walk in the pass

A Scottish pharmacist and Cairngorm Mountain Rescue Team Leader has organised a sponsored walk which raised £50,000 for the Team's funds.

John Allen, proprietor of P Grant Chemist in Kingussie, organised the 18 mile walk for 800 people though Corrieyairack Pass in the Cairngorms last Saturday. Starting at Fort Augustus, the seven hour walk passed alongside Loch Ness, but John "didn't hear of any" Nessie sightings.

The walk takes place every other year to raise money for rescue team equipment. John is currently seeking sponsorship for a millennium walk to raise funds for a new team base.

APPOINTMENTS

Miriam Armstrong has taken over from Rubica Mohammed as project manager for the Pharmacy Healthcare Scheme. She has been seconded to the Royal Pharmaceutical Society from the Health Education Authority. Having worked at North Cumbria Health Authority and a number of local trusts, she was appointed manager of the 'Health at work in the NHS' initiative at the HEA.

Pharmaceutical wholesaler Mawdsleys has appointed Lesley Strudwick as customer services manager at its Salford depot. She worked for AAH in Warrington for 16 years before moving to Mawdsleys.

Rob Brady is moving into the new role of general sales manager at the consumer skincare division of Advanced Medical Solutions. With previous experience at Reckitt & Colman, Seton and Sankyo Pharma, he will now be responsible for negotiating distribution of the ActivHeal range onto the worldwide market.

Lesley Strudwick

Looking very pleased with themselves, aren't they? Whitehall territory manager, Elizabeth Lynch (left), presents counter assistant, Lorraine Ponton (centre), and her supervising pharmacist, Dawn Chisholm, with a bottle of champagne. They both work at the John G Fleming Pharmacy in Edinburgh. Lorraine's name was 'drawn out of the hat' from among all those who completed *C&D*'s Cambridge Counterpart assistant training course last month. The course is sponsored by Whitehall Laboratories

O tempora, o mores

It is a while since we related the contents of one of the more flowery publicity releases we have received in the office. But here goes.

Issued by Laura Biagiotti Parfums (always promising when they spell perfume that way), Tempore is "attraction excitement adrenaline arousal" and should invoke in its users the feeling of "*ti voglio bene*", which for our non-Italian speakers translates as 'I like you'. Whatever happened to 'amore'?

For the ladies, Tempore Donna is "just like an exciting first encounter that announces itself with clarity". This note comes from the Sicilian mandarin "which then clicks in to all the complex notes representing the intense emotions and hormonal signals that herald a brand new romance". Send for pathology.

For the men, Tempore Uomo is "a man's fragrance marked by freshness - the newness of the first taste of romance" and "like young love, it sparkles". Making it sound more like a knickerbocker glory, its "fruity, edible" notes include juicy pineapple and refreshing melon "with very spice-cupboard, very masculine notes" [note the interesting new adjective] such as cardamom, coriander, black pepper and juniper.

With various other elements, this becomes "a scent that evokes the very first 'double-take' instant shared between a man and a woman. A fragrance which captures the intense, 'butterflies-in-the-stomach' moments of early romance"...

Raising the spectre of Nelson Eddy and Jeanette MacDonald in the Desert Song, the press release continues: "The fragrances almost become the sands of time. With the very first spray - the very first spark of romance - the sands begin to shift."

Pass the sand-bag, pu-leeze.

Kali bich for Kosovo?

Having endured NATO bombing raids, torture and ethnic cleansing, the Kosovar refugees could be forgiven for heaving a collective sigh of relief. But just when they thought things were about to get back to normal, the *Health Service Journal* reports that the FrontLine Homoeopathy group is about to fly into the refugee camps. Whether to choose 6c or 12c arnica is probably the last thing on the Kosovars' minds...

The natural way to healthy joints and limbs:

The natural way to healthy sales:

After great sales success overseas (distributed in 19 countries), Zinaxin, a natural dietary supplement, has just arrived in the UK. PR and advertising support in national and regional media - already featured in The Express, Daily Mail and ITV's "This Morning".

Contact your wholesaler:

Pip Code	**260 7851**
Unichem Prosper Code	**615104**
Enterprise	**9531**
AAH	**ZIN254Q**

For sales enquiries:
Pharma Consumer Care
Hill House, 41 Richmond Hill,
Bournemouth, Dorset BH2 6HS
Tel: 01202 314824 Fax: 01202 780559

Sole UK Importer: (excl. Northern Ireland)
Vita Healthcare Ltd,
Palladium House, 1-4 Argyll Street,
London W1V 2LD
Telephone 0171 328 9797

The fact is, he's thinking hard about that cigarette. But, because his pharmacist recommended NiQuitin CQ, he can overcome the temptation. The NiQuitin CQ patch is taking the edge off his urge to smoke. He also enrolled in the unique Committed Quitters Stop Smoking Plan. The CQ Plan is personalised just for him, and it's keeping him motivated and in control, particularly in situations like this. That's why he knew social situations could be difficult. And that's how he knew the best way to deal with them. So why think of his pharmacist? Because the patch, the plan and the commitment all started with his pharmacist's recommendation.

NiQuitin CQ®
Nicotine
STOP SMOKING AID

HELP HIM STAY CALM, IN CONTROL – AND QUIT

NiQuitin CQ Product Information. Presentation: Matt, pinkish-tan, square, transdermal patches. Available in three strengths (sizes): NiQuitin CQ Step 1 (containing 114mg nicotine per 22cm² patch), NiQuitin CQ Step 2 (containing 78mg nicotine per 15cm² patch), and NiQuitin CQ Step 3 (containing 36 mg nicotine per 7cm² patch), delivering 21mg, 14mg, 7mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use as part of a smoking cessation plan. **Dosage and administration:** Patch users must stop smoking completely. For a habit of more than 10 cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course. Apply patch to clean, dry skin site once a day preferably soon after waking. Remove patch after 24 hours and apply new patch to a fresh skin site. Patches may be removed before going to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smokers or children. Hypersensitivity to the patch or its components. **Precautions:** Use only on doctors' advice in cardio-vascular disease (e.g. angina, stroke, arrhythmias, severe peripheral vascular disease, recent myocardial infarction), uncontrolled hypertension; severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, phaeochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment due to reduced nicotine levels; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other nicotine-containing patches or gums when using NiQuitin CQ. Keep safely away from children. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on removal of patch; rarely, allergic skin reactions. Occasionally, tachycardia. Other systemic effects may relate either to using patches or smoking cessation: nausea, mild stomach upset, constipation, cough, sore throat, dry mouth, muscle/joint pain, headache, weakness, flu type symptoms, dizziness, sleep disturbance. Mild effects should resolve with continued use; if troublesome, Step 1 users can step down to Step 2 for remainder of initial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Use only on advice of a doctor. **Legal category:** P. **Product licence number:** NiQuitin CQ 21mg (Step 1) 00079/0347; NiQuitin CQ 14mg (Step 2) 00079/0346; NiQuitin CQ 7mg (Step 3) 00079/0345. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. **Pack size and RSP:** All strengths 7 patches £19.95. **Date of preparation:** November 1998. **NiQuitin CQ, CQ** and **Committed Quitters** are trade marks.